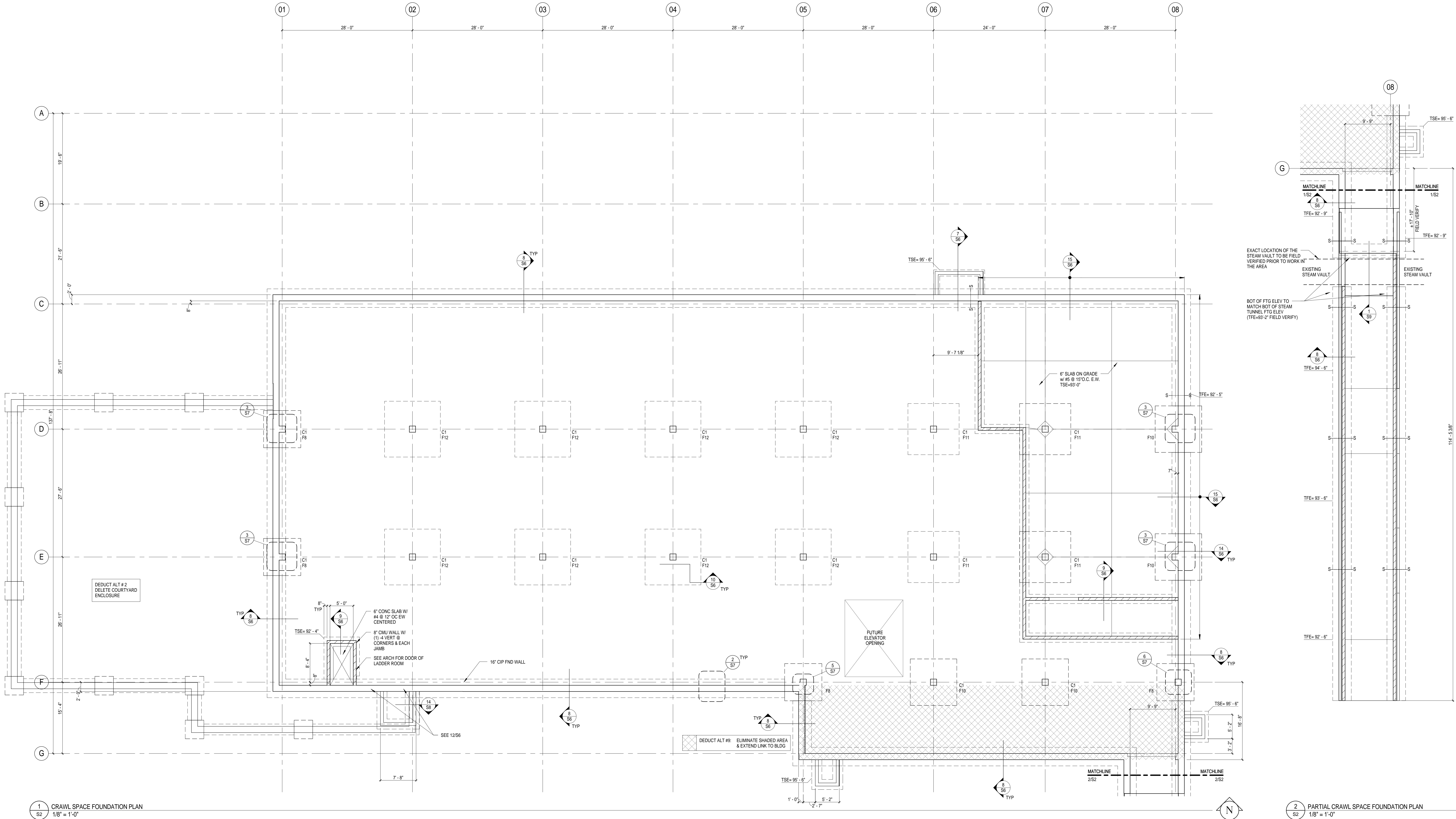


| FOOTING SCHEDULE | | | |
|------------------|-----------------|-------|------------------|
| MARK | SIZE | DEPTH | REINFORCING |
| F4 | 4'-0" x 4'-0" | 12" | (4) #5 E.W. T&B |
| F8 | 8'-0" x 8'-0" | 24" | (8) #7 E.W. T&B |
| F10 | 10'-0" x 10'-0" | 30" | (8) #8 E.W. T&B |
| F11 | 11'-0" x 11'-0" | 36" | (11) #8 E.W. T&B |
| F12 | 12'-0" x 12'-0" | 36" | (13) #8 E.W. T&B |

| P/C COLUMN SCHEDULE | | | |
|---------------------|-----------|------------|--------------|
| MARK | SIZE | BASE PLATE | |
| | | SIZE | TYPE |
| C1 | 16" x 16" | | ANCHOR BOLTS |

- FOUNDATION PLAN NOTES:
1. REFER TO THE GENERAL STRUCTURAL NOTES ON SHEET S1.
 2. TOP OF FOOTING ELEVATION (TFE) FOR CONCRETE SHEARWALLS AND COLUMN FOOTINGS VARY, SEE PLAN.
 3. S - S - S - DENOTES STEPPED FOOTING, SEE 1/36.
 4. FOR TYPICAL CORNER BAR REINFORCING SEE 1/36, 12/36 & 13/36.
 5. ALL COLUMNS AND FOOTINGS ARE CENTERED ON GRIDS AND WALL FOOTING ARE CENTERED BELOW WALL UNO.
 6. DATUM ELEVATION (DAE) = 100'-0" VERIFY W/ CIVIL.
 7. TOP OF FOOTING ELEVATION (TFE) = 92'-9" UNO.
 8. SLAB ON GRADE THICKNESS AND REINFORCING VARIES, SEE PLAN.
 9. 'C1' DENOTES CONTROL CONSTRUCTION JOINTS, FOR TYPICAL SLAB ON GRADE DETAILS, SEE 5/36.
 10. 'F1' - DENOTES COLUMN FOOTING MARK, SEE SCHEDULE ON THIS SHEET FOR SIZE AND REINFORCING.
 11. 'C1' - DENOTES PRECAST COLUMN MARK, SEE SCHEDULE ON THIS SHEET FOR SIZE.
 12. --- DENOTES ELECTRICAL, SLEEVE, COORDINATE SIZE AND LOCATION WITH ELECTRICAL.
 13. FOR CURB LOCATIONS AND DIMENSIONS, SEE ARCH.
 14. SEE MECH FOR SIZES AND LOCATIONS OF HOUSE KEEPING PADS.



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Engineering
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Larksville, PA 19051-3298

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Minneapolis, MN 55402

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Signature

Registration No.

19981

Date

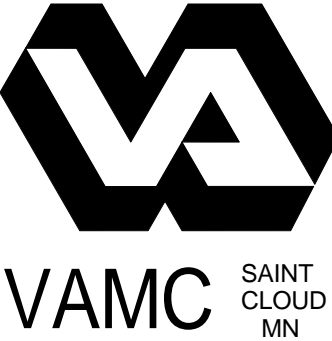
03/15/12

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| APPROVED: SERVICE LINE DIRECTOR | DATE | APPROVED: INFECTION CONTROL NURSE | DATE |
| APPROVED: GEMS COORDINATOR | DATE | APPROVED: PATIENT SAFETY | DATE |
| APPROVED: PROJECTS SECTION MANAGER | DATE | APPROVED: CHIEF OF POLICE | DATE |
| APPROVED: DIRECTOR FMS | DATE | APPROVED: SAFETY MANAGER | DATE |

| | |
|-----------------------------------|-----------------------------|
| DRAWING TITLE | CRAWL SPACE FOUNDATION PLAN |
| APPROVED: CHIEF OF STAFF | DATE |
| APPROVED: MEDICAL CENTER DIRECTOR | DATE |

| | |
|---------------|----------------------------------|
| PROJECT TITLE | ST. CLOUD VA HEALTH CARE SYSTEM |
| BUILDING NO. | KWJ |
| CHECKED BY | RPD |
| LOCATION | 4801 VETERANS DRIVE, ST CLOUD MN |

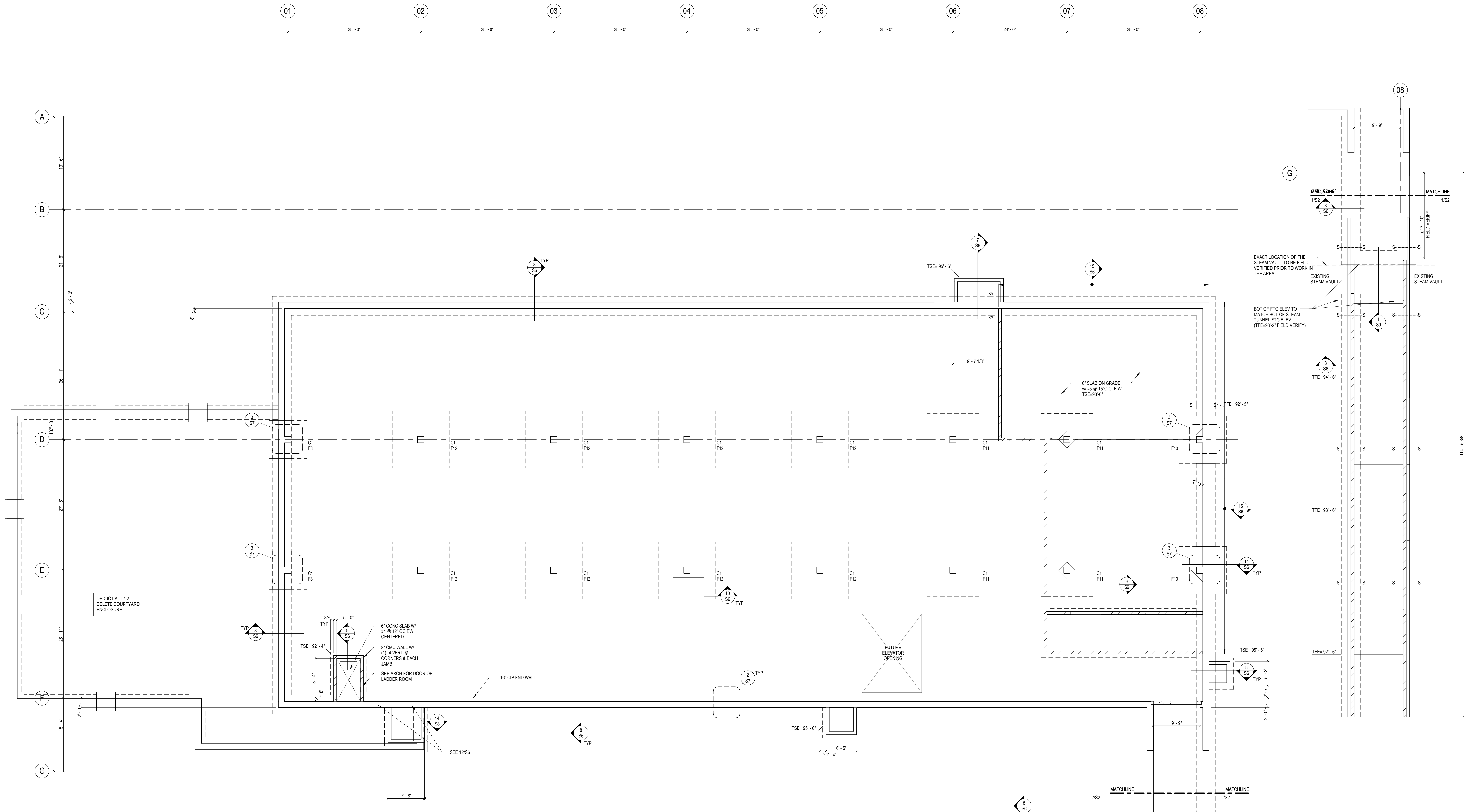
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|-------------|-------------|
| DATE | 03/15/2012 |
| PROJECT NO. | 2032-001.00 |
| COST FILE | |
| DRAWING NO. | S2 |
| CHGS. | OF |



| FOOTING SCHEDULE | | | |
|------------------|-----------------|-------|------------------|
| MARK | SIZE | DEPTH | REINFORCING |
| F4 | 4'-0" x 4'-0" | 12" | (4) #5 E.W. T&B |
| F8 | 8'-0" x 8'-0" | 24" | (8) #7 E.W. T&B |
| F10 | 10'-0" x 10'-0" | 30" | (8) #8 E.W. T&B |
| F11 | 11'-0" x 11'-0" | 36" | (11) #8 E.W. T&B |
| F12 | 12'-0" x 12'-0" | 36" | (13) #8 E.W. T&B |

| P/C COLUMN SCHEDULE | | | |
|---------------------|-----------|------------|-------------------|
| MARK | SIZE | BASE PLATE | |
| | | SIZE | TYPE ANCHOR BOLTS |
| C1 | 16" x 16" | | |

- FOUNDATION PLAN NOTES:
1. REFER TO THE GENERAL STRUCTURAL NOTES ON SHEET S1.
 2. TOP OF FOOTING ELEVATION (TFE) FOR CONCRETE SHEARWALLS AND COLUMN FOOTINGS VARY. SEE PLAN.
 3. S - S - S - DENOTES STEPPED FOOTING. SEE 1/56.
 4. FOR TYPICAL CORNER BAR REINFORCING SEE 11/56, 12/56 & 13/56.
 5. ALL COLUMNS AND FOOTINGS ARE CENTERED ON GRIDS AND WALL FOOTING ARE CENTERED BELOW WALL UNO.
 6. DATUM ELEVATION (DAE) = 100'-0" VERIFY W/ CIVIL.
 7. TOP OF FOOTING ELEVATION (TFE) = 92'-9" UNO.
 8. SLAB ON GRADE THICKNESS AND REINFORCING VARIES. SEE PLAN.
 9. 'C1' DENOTES CONTROL CONSTRUCTION JOINTS. FOR TYPICAL SLAB ON GRADE DETAILS, SEE 5/56.
 10. 'F1' - DENOTES COLUMN FOOTING MARK. SEE SCHEDULE ON THIS SHEET FOR SIZE AND REINFORCING.
 11. 'C1' - DENOTES PRECAST COLUMN MARK. SEE SCHEDULE ON THIS SHEET FOR SIZE.
 12. --- DENOTES ELECTRICAL SLEEVE. COORDINATE SIZE AND LOCATION WITH ELECTRICAL.
 13. FOR CURB LOCATIONS AND DIMENSIONS, SEE ARCH.
 14. SEE MECH FOR SIZES AND LOCATIONS OF HOUSE KEEPING PADS.



1 CRAWL SPACE FOUNDATION PLAN
S2A 1/8" = 1'-0"

2 PARTIAL CRAWL SPACE FOUNDATION PLAN
S2A 1/8" = 1'-0"

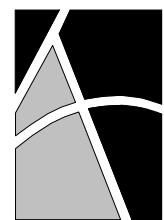
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Signature *Keith Jacobson*

Registration No. 19981

Date 03/15/12

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| APPROVED: GEMS COORDINATOR | DATE | APPROVED: PATIENT SAFETY | DATE |
| APPROVED: PROJECTS SECTION MANAGER | DATE | APPROVED: CHIEF OF POLICE | DATE |
| APPROVED: DIRECTOR FMS | DATE | APPROVED: SAFETY MANAGER | DATE |

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|-----------------------------------|---|
| DRAWING TITLE | DEDUCT ALTERNATE #9 - CRAWL SPACE FOUNDATION PLAN |
| APPROVED: CHIEF OF STAFF | DATE |
| APPROVED: MEDICAL CENTER DIRECTOR | DATE |

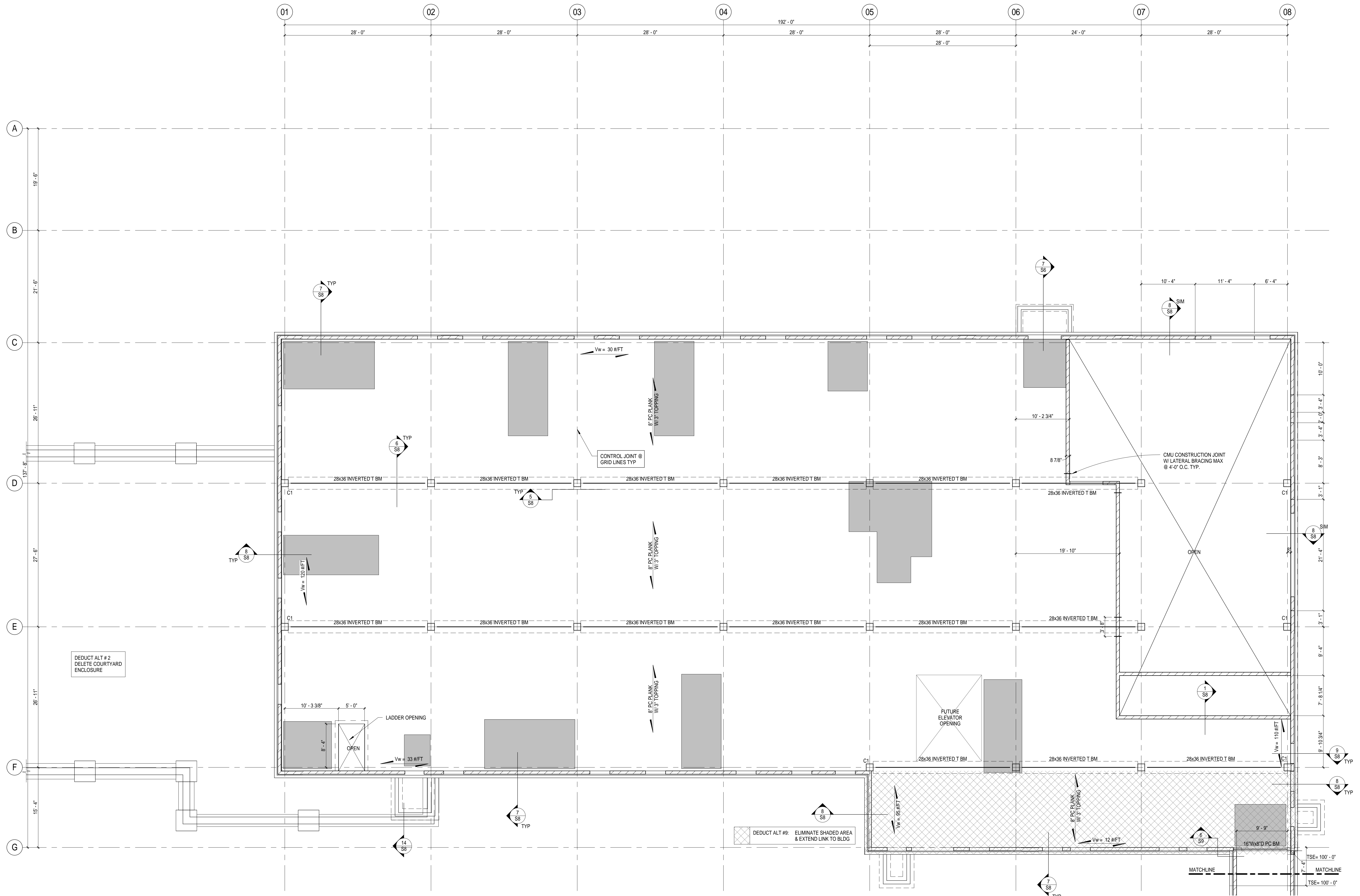
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|---------------|----------------------------------|
| PROJECT TITLE | ST. CLOUD VA HEALTH CARE SYSTEM |
| BUILDING NO. | KWJ |
| CHECKED BY | RPD |
| LOCATION | 4801 VETERANS DRIVE, ST CLOUD MN |

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|-------------|-------------|
| DATE | 03/15/2012 |
| PROJECT NO. | 2032-001.00 |
| DRAWING NO. | S2A |
| DATE | 03/15/12 |

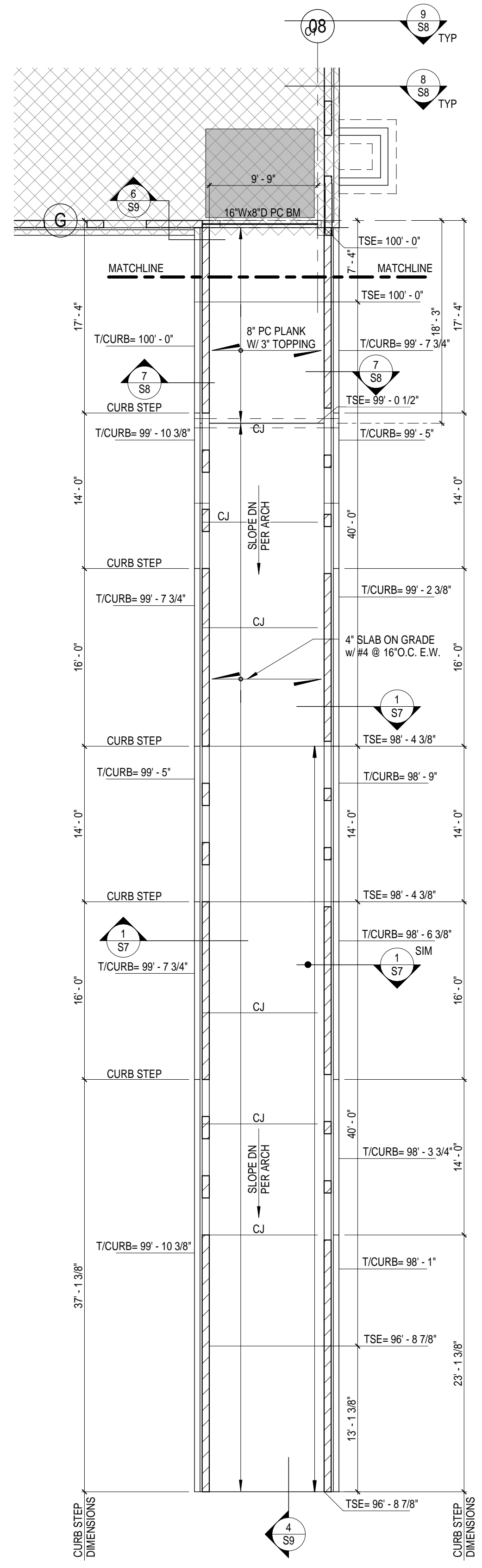


VAMC SAINT CLOUD MN

- PRECAST FRAMING PLAN NOTES:
1. REFER TO THE GENERAL STRUCTURAL NOTES ON SHEET S1.
 2. TOP OF TOPPING SLAB ELEVATION (TSE)=100'-0".
 3. TOP OF PRECAST ELEVATION (TPE)=99'-9".
 4. DENOTES TYPICAL SPAN DIRECTION FOR PRECAST. SEE PLAN.
 5. POST INSTALLED ANCHORS IN THE FLOOR TOPPING SLAB SHALL NOT BE DRILLED DEEPER THAN 2".
 6. INDICATES RECESSED SLAB AREAS. SEE ARCH FOR SIZES & LOCATIONS.
 7. SEE SHEET S2 FOR STOOP DIMENSIONS.
 8. Vw = SHEAR LOAD FROM WIND (UNFACTORED).



1
S3
GROUND LEVEL FRAMING PLAN
1/8" = 1'-0"



2
S3
PARTIAL GROUND LEVEL FOUNDATION PLAN
1/8" = 1'-0"

| | |
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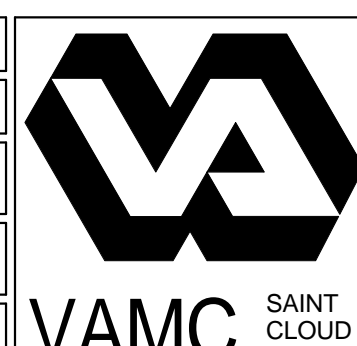
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Keith Jacobson
Signature
Registration No. **19981**
Date **03/15/12**

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| APPROVED: GEMS COORDINATOR | DATE | APPROVED: PATIENT SAFETY | DATE |
| APPROVED: PROJECTS SECTION MANAGER | DATE | APPROVED: CHIEF OF POLICE | DATE |
| APPROVED: DIRECTOR FMS | DATE | APPROVED: SAFETY MANAGER | DATE |

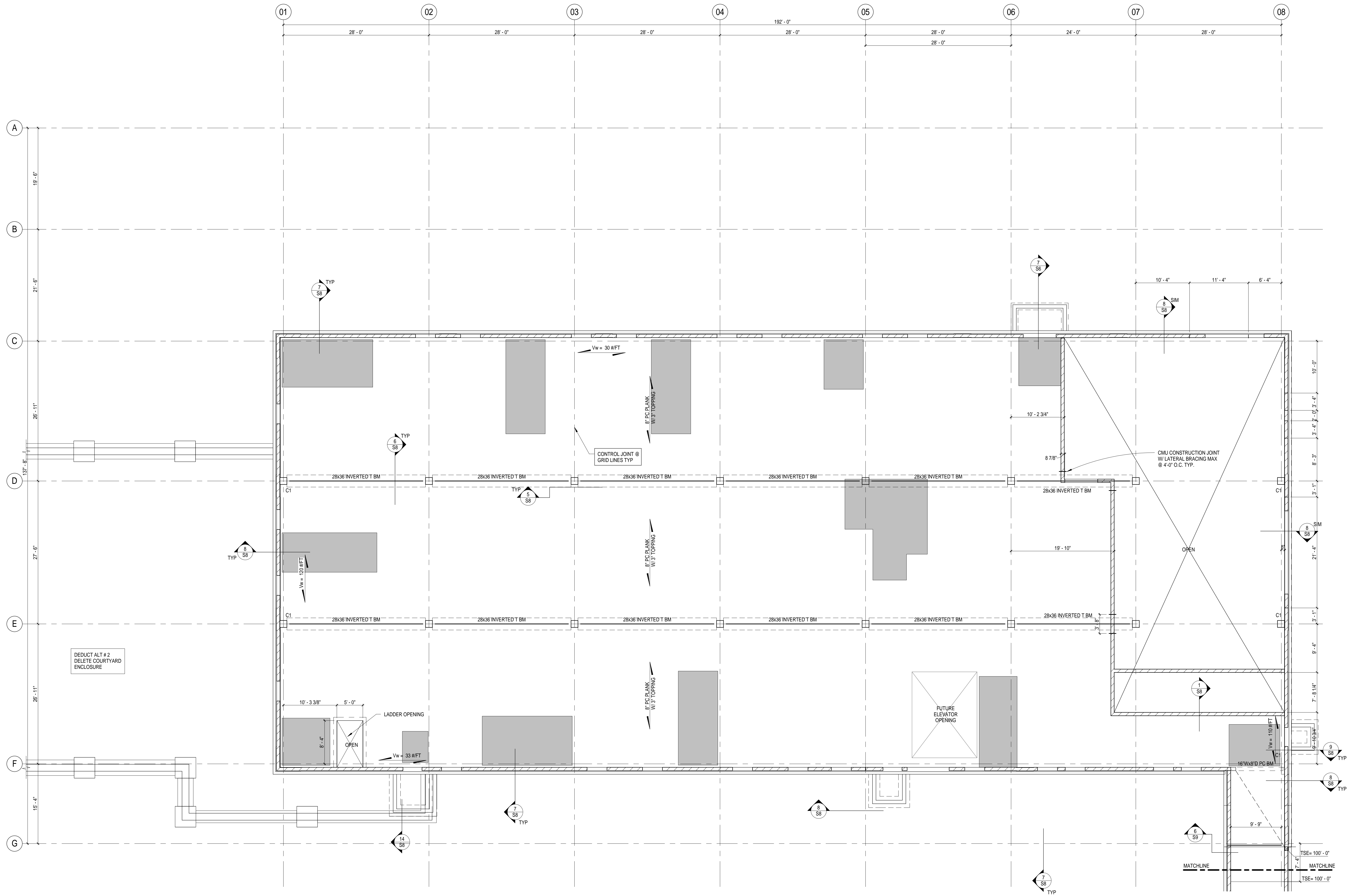
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| DRAWING TITLE | GROUND LEVEL FRAMING PLAN |
| APPROVED: CHIEF OF STAFF | DATE |
| APPROVED: MEDICAL CENTER DIRECTOR | DATE |

| | |
|---------------|----------------------------------|
| PROJECT TITLE | ST. CLOUD VA HEALTH CARE SYSTEM |
| BUILDING No. | KWJ |
| CHECKED BY | RPD |
| LOCATION | 4801 VETERANS DRIVE, ST CLOUD MN |

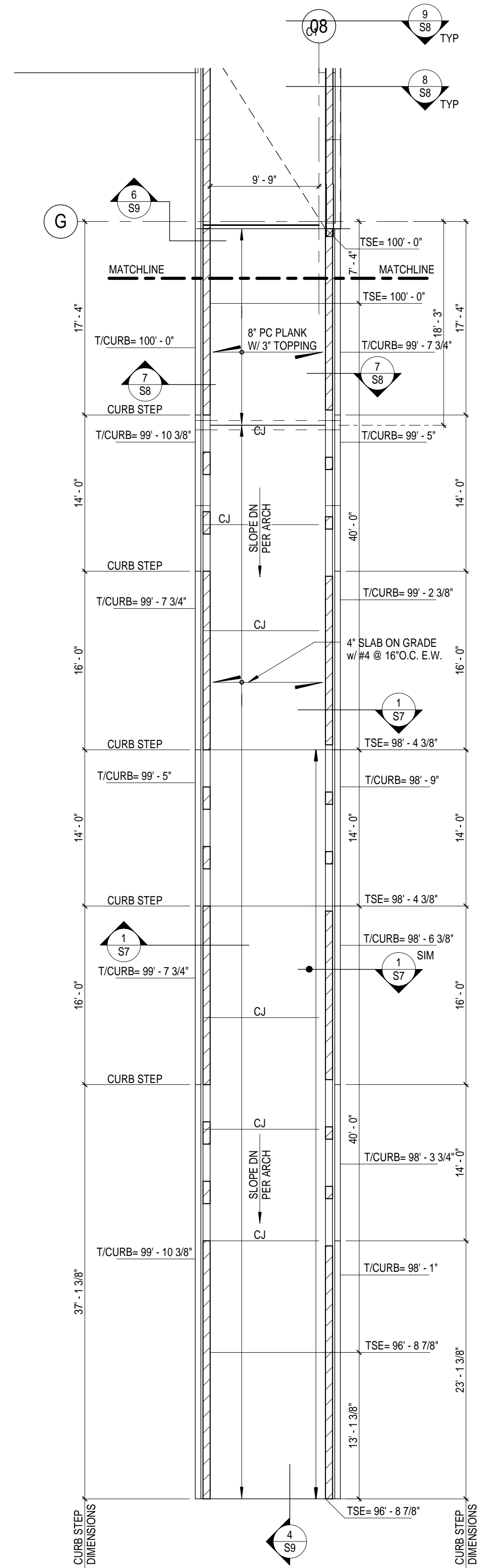
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|-------------|--------------|
| DATE | 03/15/2012 |
| PROJECT NO. | 20302-001-00 |
| DRAWING No. | S3 |
| DATE | 03/15/12 |



- PRECAST FRAMING PLAN NOTES:
1. REFER TO THE GENERAL STRUCTURAL NOTES ON SHEET S1.
 2. TOP OF TOPPING SLAB ELEVATION (TSE)=100'-0".
 3. TOP OF PRECAST ELEVATION (TPOC)=99'-9".
 4. DENOTES TYPICAL SPAN DIRECTION FOR PRECAST. SEE PLAN.
 5. POST INSTALLED ANCHORS IN THE FLOOR TOPPING SLAB SHALL NOT BE DRILLED DEEPER THAN 2".
 6. INDICATES RECESSED SLAB AREAS. SEE ARCH FOR SIZES & LOCATIONS.
 7. SEE SHEET S2 FOR STOOP DIMENSIONS.
 8. Vw = SHEAR LOAD FROM WIND (UNFACTORED).



1
S3A
GROUND LEVEL FRAMING PLAN
1/8" = 1'-0"



2
S3A
PARTIAL GROUND LEVEL FOUNDATION PLAN
1/8" = 1'-0"

| | | |
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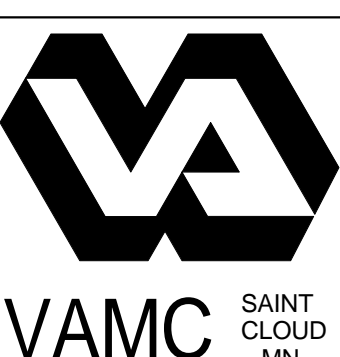
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| APPROVED: GEMS COORDINATOR | DATE | APPROVED: PATIENT SAFETY | DATE |
| APPROVED: PROJECTS SECTION MANAGER | DATE | APPROVED: CHIEF OF POLICE | DATE |
| APPROVED: DIRECTOR FMS | DATE | APPROVED: SAFETY MANAGER | DATE |

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| DRAWING TITLE DEDUCT ALTERNATE #9 - GROUND LEVEL FRAMING PLAN | APPROVED: CHIEF OF STAFF | DATE |
| APPROVED: MEDICAL CENTER DIRECTOR | DATE | |

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|---|---------------------|-------------------|--------------|
| PROJECT TITLE ST. CLOUD VA HEALTH CARE SYSTEM | BUILDING No. KWJ | CHECKED BY RPD | DRAWN RPD |
| LOCATION 4801 VETERANS DRIVE, ST CLOUD MN | | | |


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| DRAWING NO. S3A | |
| DATE 03/15/12 | |



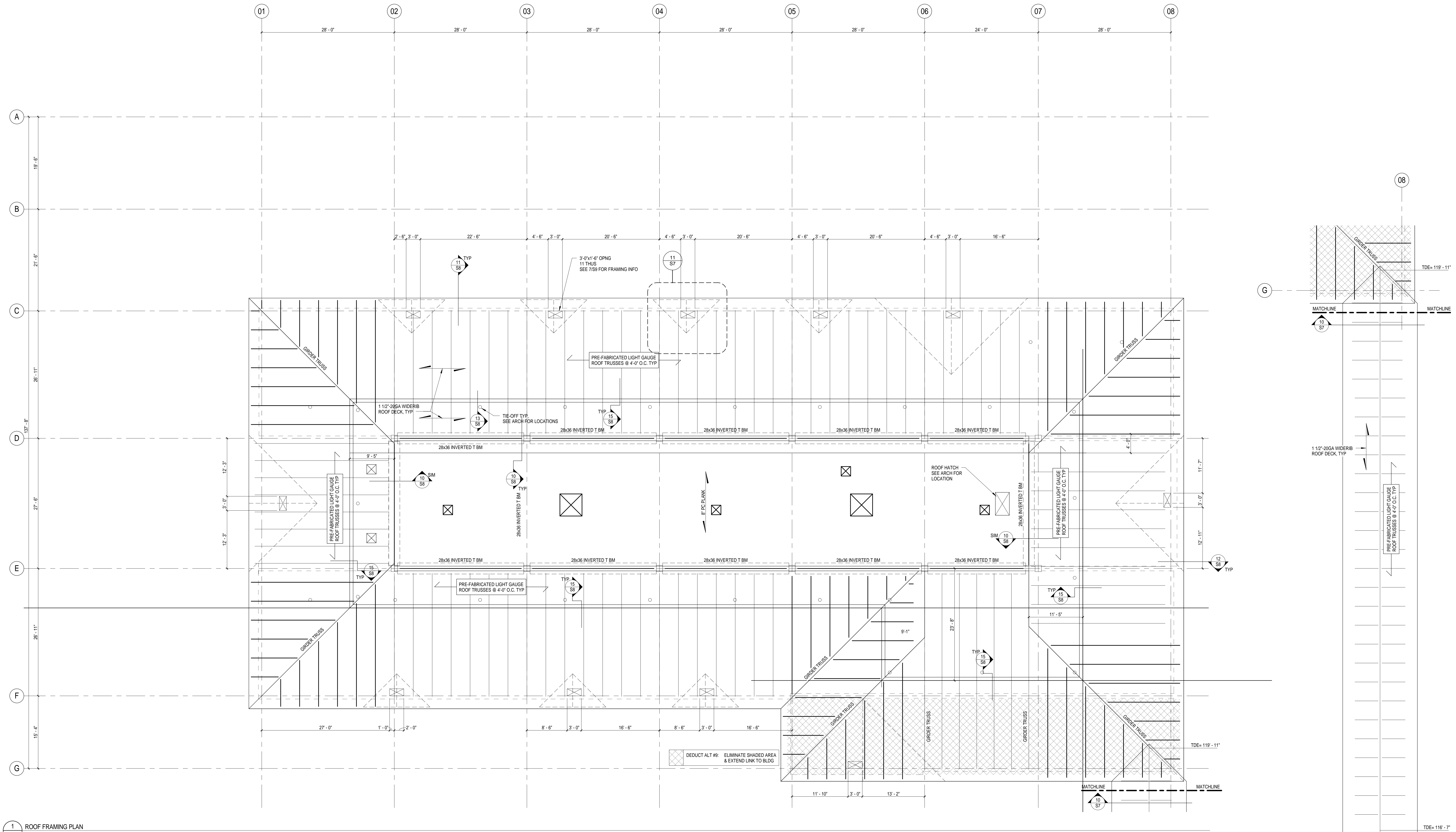


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VAMC SAINT CLOUD MN



1 ROOF FRAMING PLAN
1/8" = 1'-0"

ROOF PLAN NOTES:
1. SEE SHEET S5A FOR ALTERNATE ROOF FRAMING PLAN.
2. TOP OF INVERTED PRECAST T BEAM ELEVATIONS = 128'-5"
3. TOP OF STEEL DECK = 128'-5"
4. TOP OF PRECAST PLANK ELEVATION = 128'-8"

2 PARTIAL ROOF FRAMING PLAN
1/8" = 1'-0"

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Gary Travinski Associates
Engineering
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Larkville, PA 19851-3298

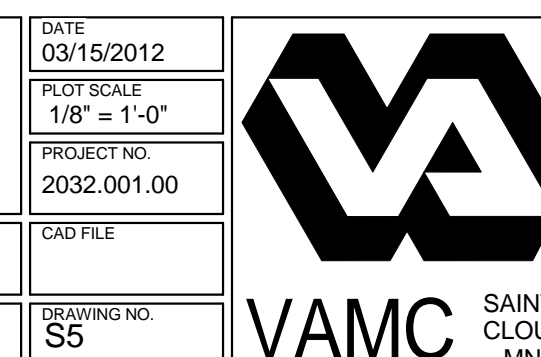
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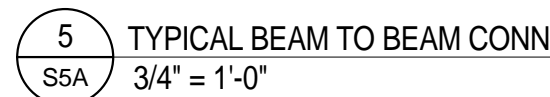
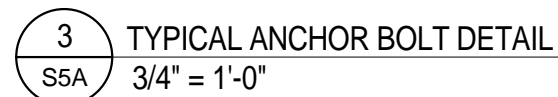
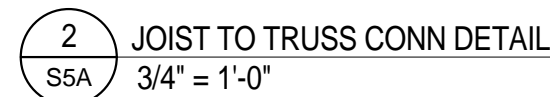
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Keith Jacobson
Signature
Registration No. 19981
Date 03/15/12

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| APPROVED: GEMS COORDINATOR | DATE | APPROVED: PATIENT SAFETY | DATE |
| APPROVED: PROJECTS SECTION MANAGER | DATE | APPROVED: CHIEF OF POLICE | DATE |
| APPROVED: DIRECTOR FMS | DATE | APPROVED: SAFETY MANAGER | DATE |

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|-----------------------------------|------|
| APPROVED: CHIEF OF STAFF | DATE |
| APPROVED: MEDICAL CENTER DIRECTOR | DATE |

| | | | |
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| PROJECT TITLE ST. CLOUD VA HEALTH CARE SYSTEM | BUILDING NO. KWJ | CHECKED BY RPD | DRAWN RPD |
| LOCATION 4801 VETERANS DRIVE, ST CLOUD MN | DRAWING NO. S5 | DATE 03/15/2012 | PROJECT NO. 2032-001-00 |



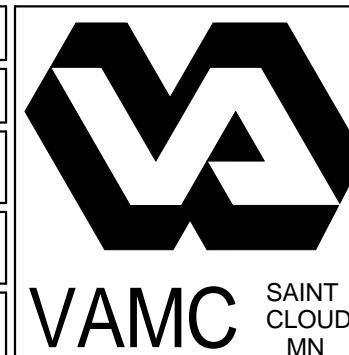


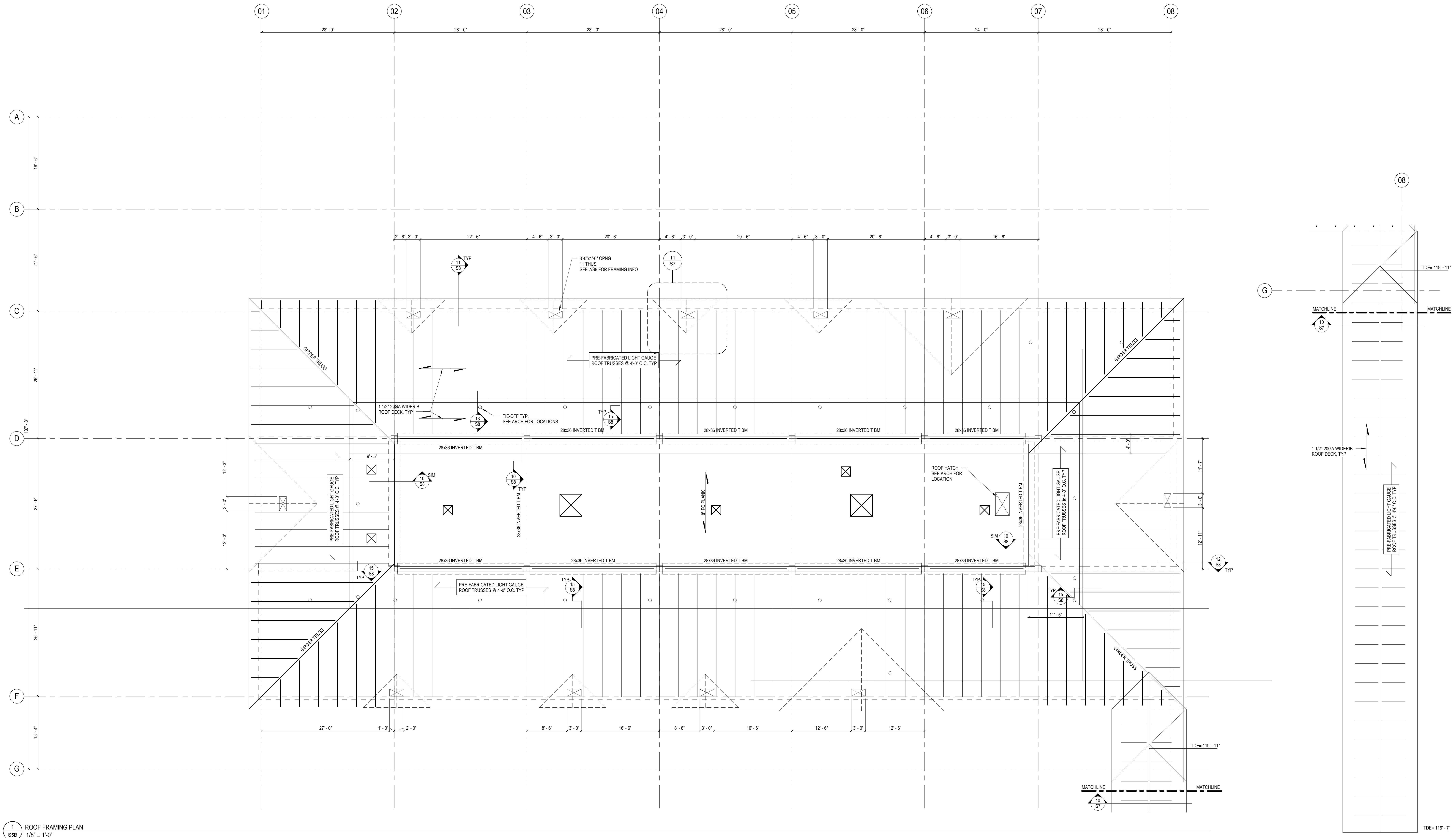
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DRAWING NO.
S5A





1 ROOF FRAMING PLAN
1/8" = 1'-0"

2 PARTIAL ROOF FRAMING PLAN
1/8" = 1'-0"

ROOF PLAN NOTES:
1. SEE SHEET S6A FOR ALTERNATE ROOF FRAMING PLAN.
2. TOP OF INVERTED PRECAST T BEAM ELEVATIONS = 128'-5"
3. TOP OF STEEL DECK = 128'-5"
4. TOP OF PRECAST PLANK ELEVATION = 128'-8"

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Keith Jacobson

Signature

Registration No. 19981

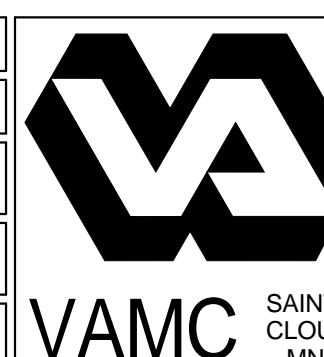
Date 03/15/12

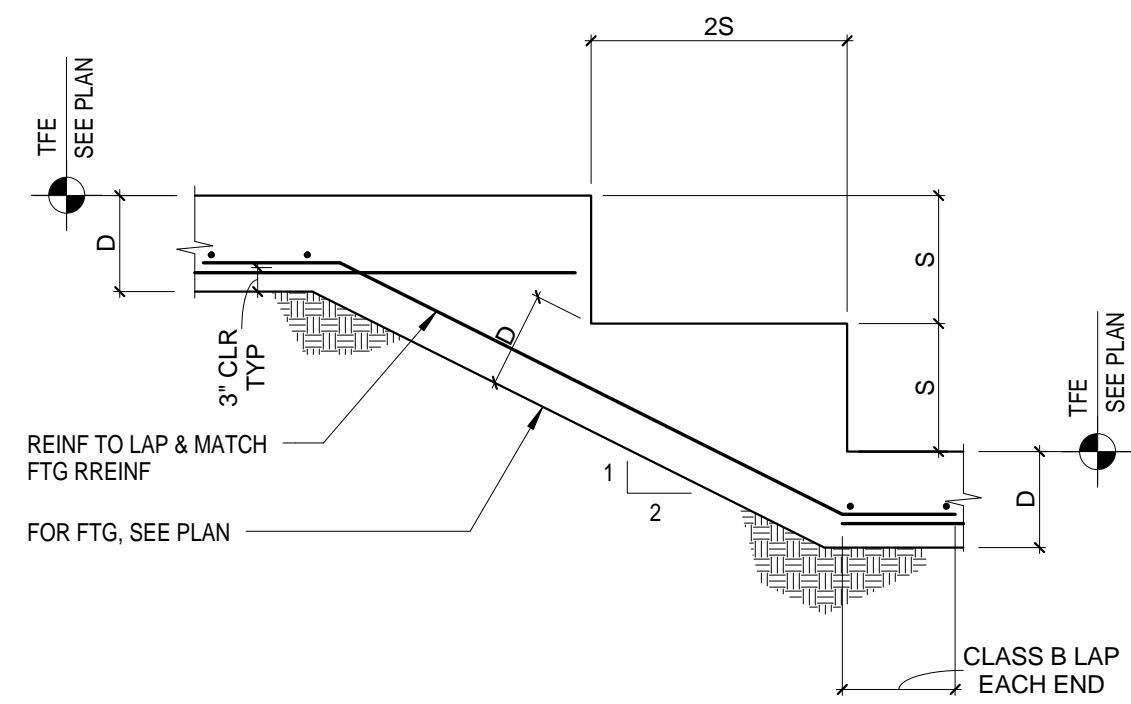
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| APPROVED: SERVICE LINE DIRECTOR | DATE | APPROVED: INFECTION CONTROL NURSE | DATE |
| APPROVED: GEMS COORDINATOR | DATE | APPROVED: PATIENT SAFETY | DATE |
| APPROVED: PROJECTS SECTION MANAGER | DATE | APPROVED: CHIEF OF POLICE | DATE |
| APPROVED: DIRECTOR FMS | DATE | APPROVED: SAFETY MANAGER | DATE |

| | |
|---|------------|
| DRAWING TITLE | DATE |
| DEDUCT ALTERNATE #9 - ROOF FRAMING PLAN | 03/15/2012 |

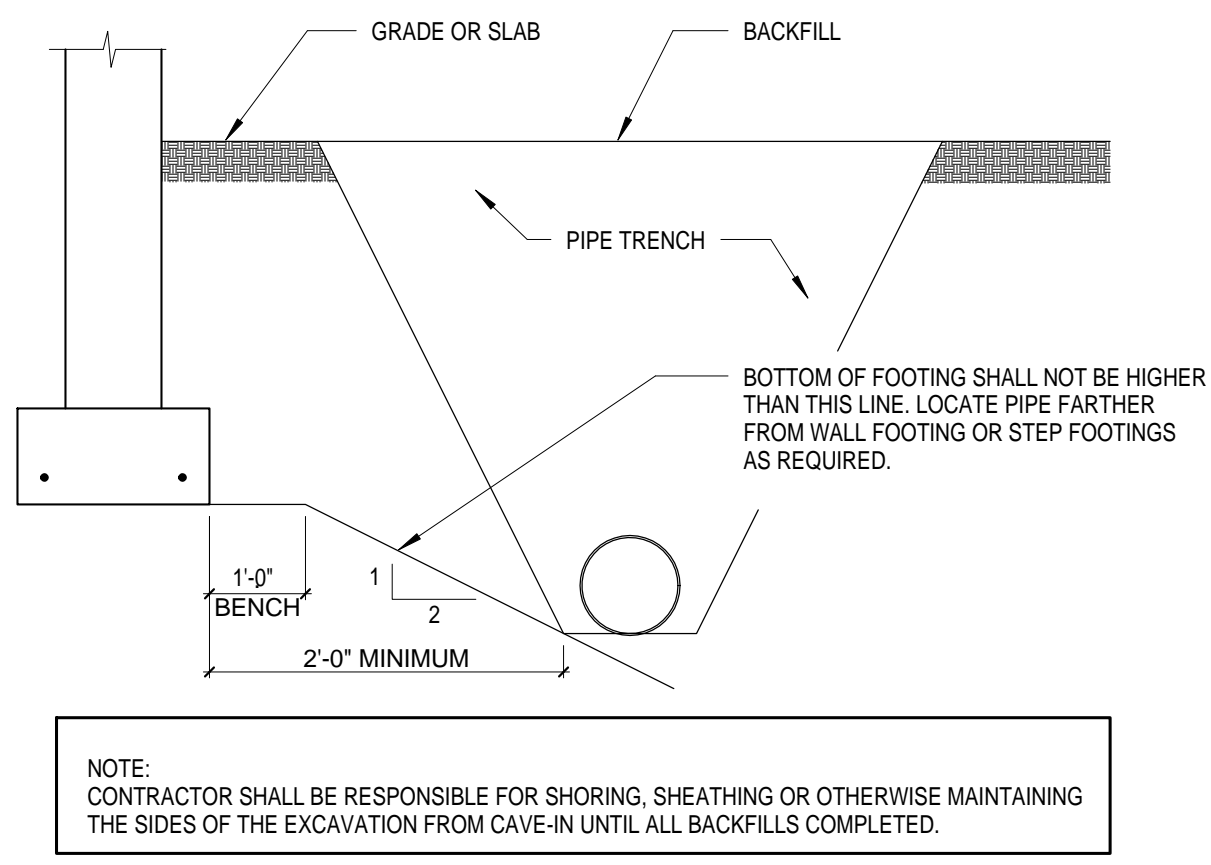
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| PROJECT TITLE | BUILDING NO. | CHECKED BY | DRAWN |
| ST. CLOUD VA HEALTH CARE SYSTEM | KWJ | RPD | |
| LOCATION | 4801 VETERANS DRIVE, ST CLOUD MN | | |

| | | |
|---------------|--------------|-------------|
| DATE | PROJECT NO. | DRAWING NO. |
| 03/15/2012 | 2032-001-00 | S5B |
| PROJECT SCALE | 1/8" = 1'-0" | |

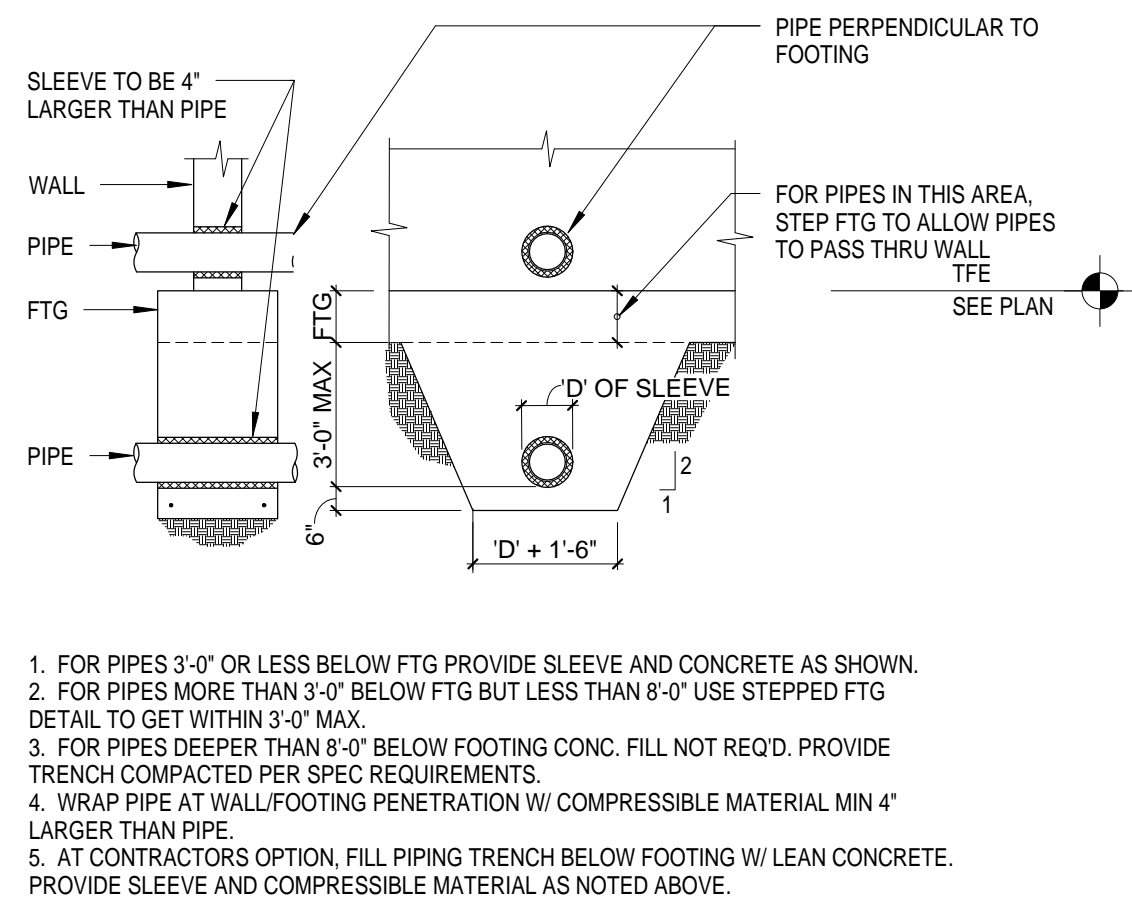




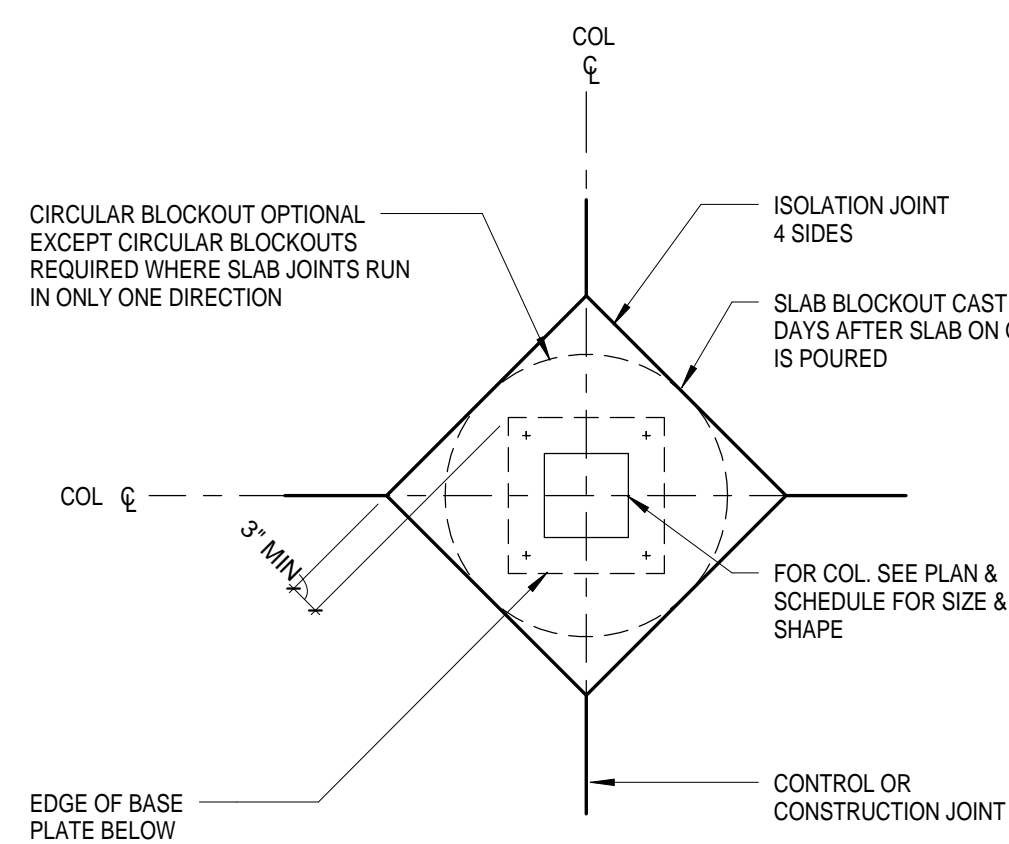
1 TYPICAL STEP FOOTING DETAIL
S6 1/2" = 1'-0"



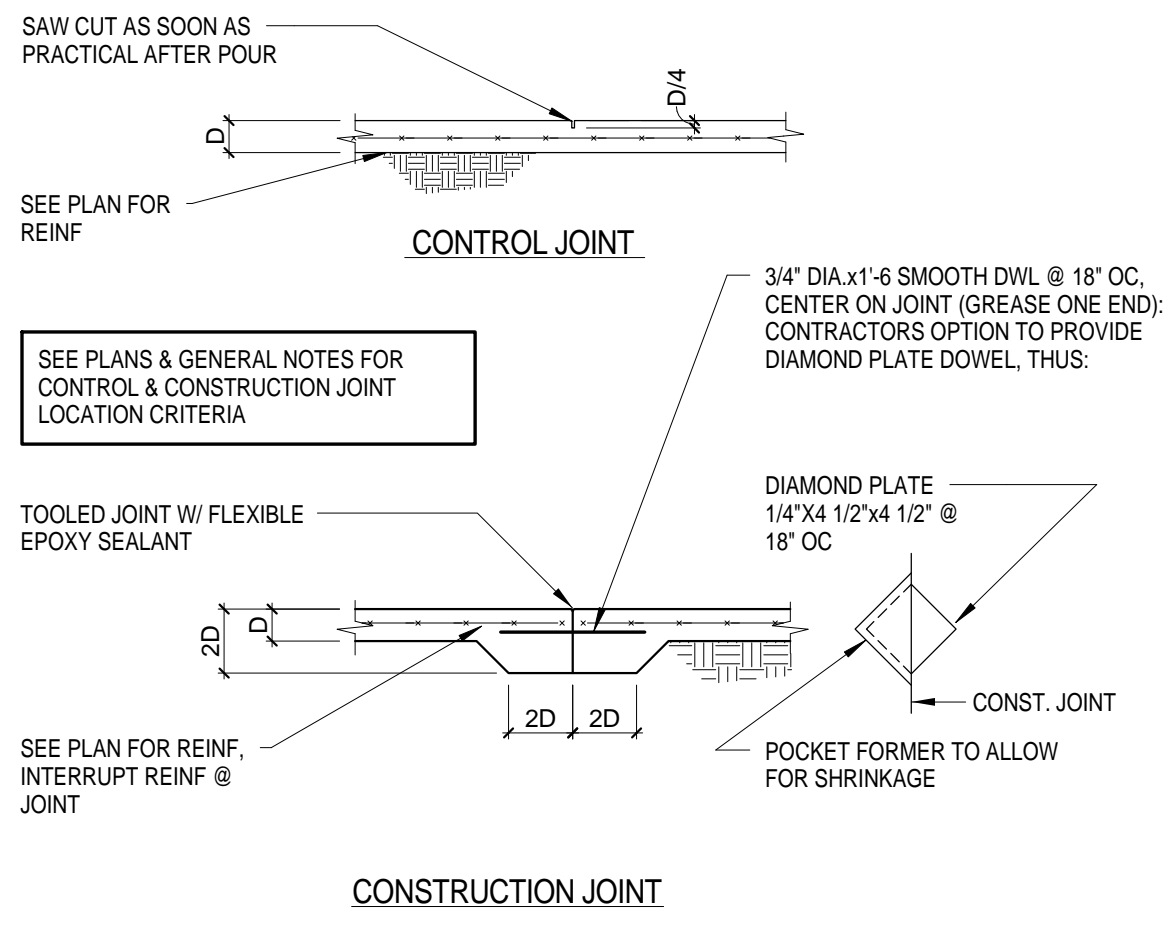
2 GENERAL REQUIREMENTS FOR FTG PARALLEL TO PIPE
S6 1/4" = 1'-0"



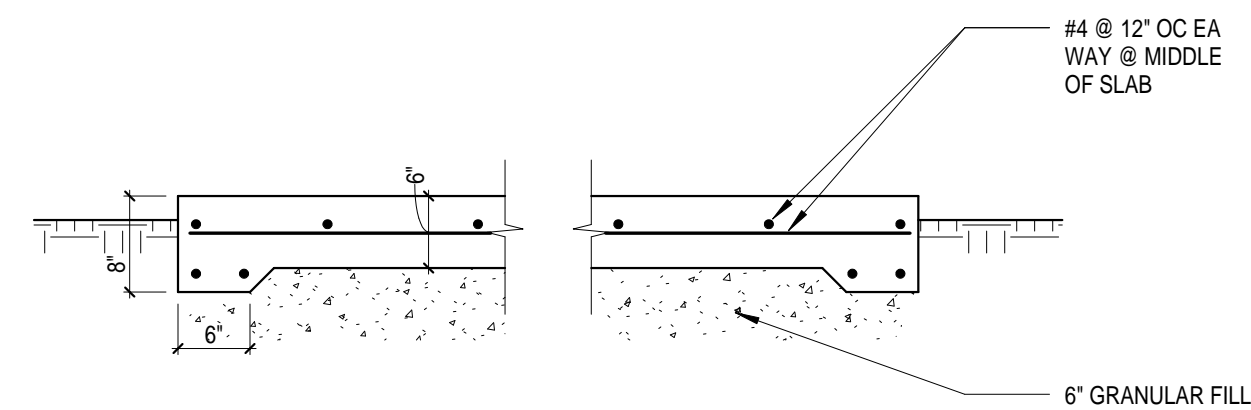
3 GENERAL REQUIREMENTS FOR FTG PERPENDICULAR TO PIPE
S6 1/4" = 1'-0"



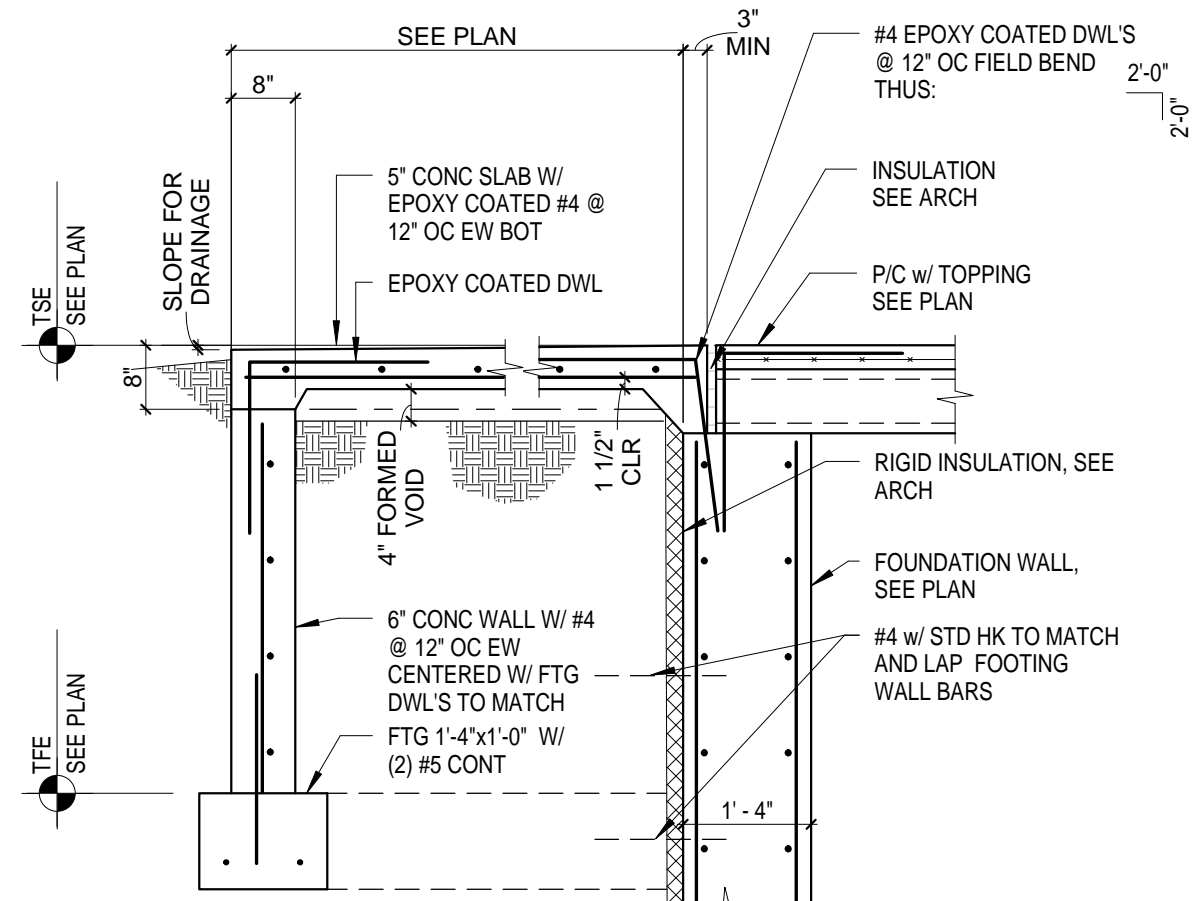
4 TYP COLUMN ISOLATION JOINT
S6 3/4" = 1'-0"



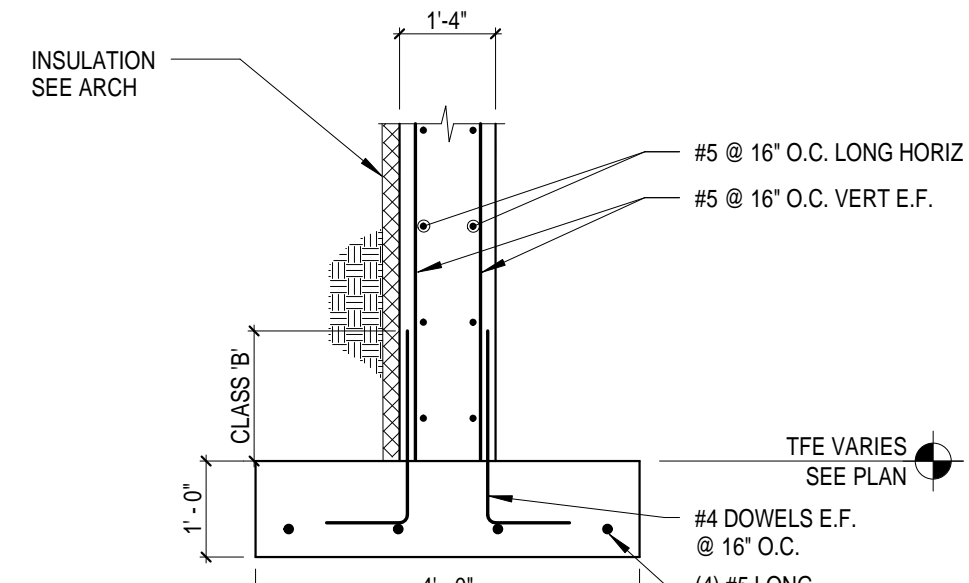
5 TYP SLAB CJ/CONST JT DETAIL
S6 1/2" = 1'-0"



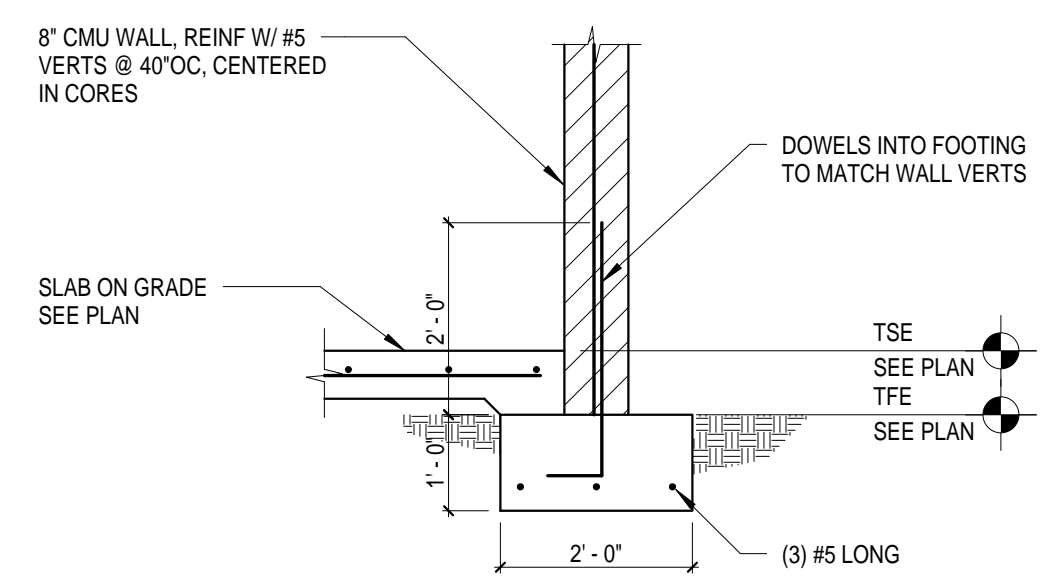
6 TYP P/C COLUMN
S6 3/4" = 1'-0"



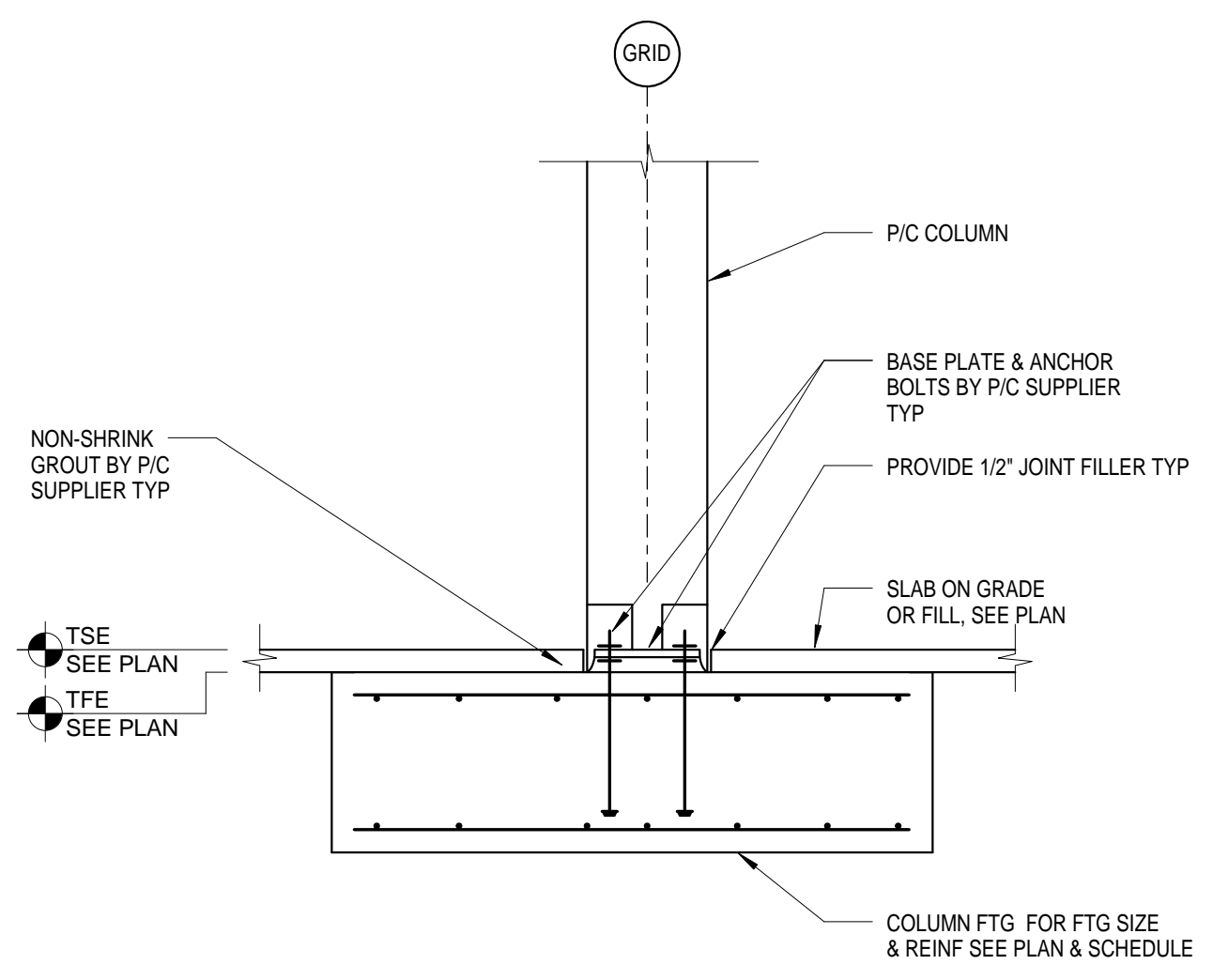
7 TYP. SECTION @ STOOP
S6 1/2" = 1'-0"



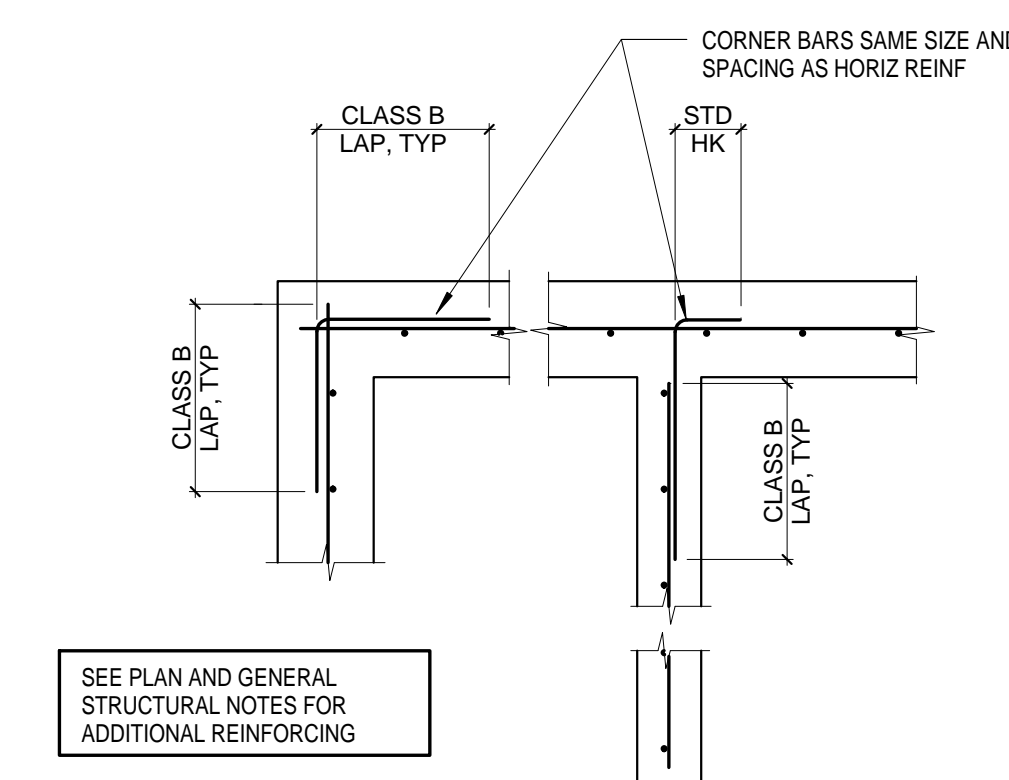
8 TYP EXTERIOR FND WALL
S6 1/2" = 1'-0"



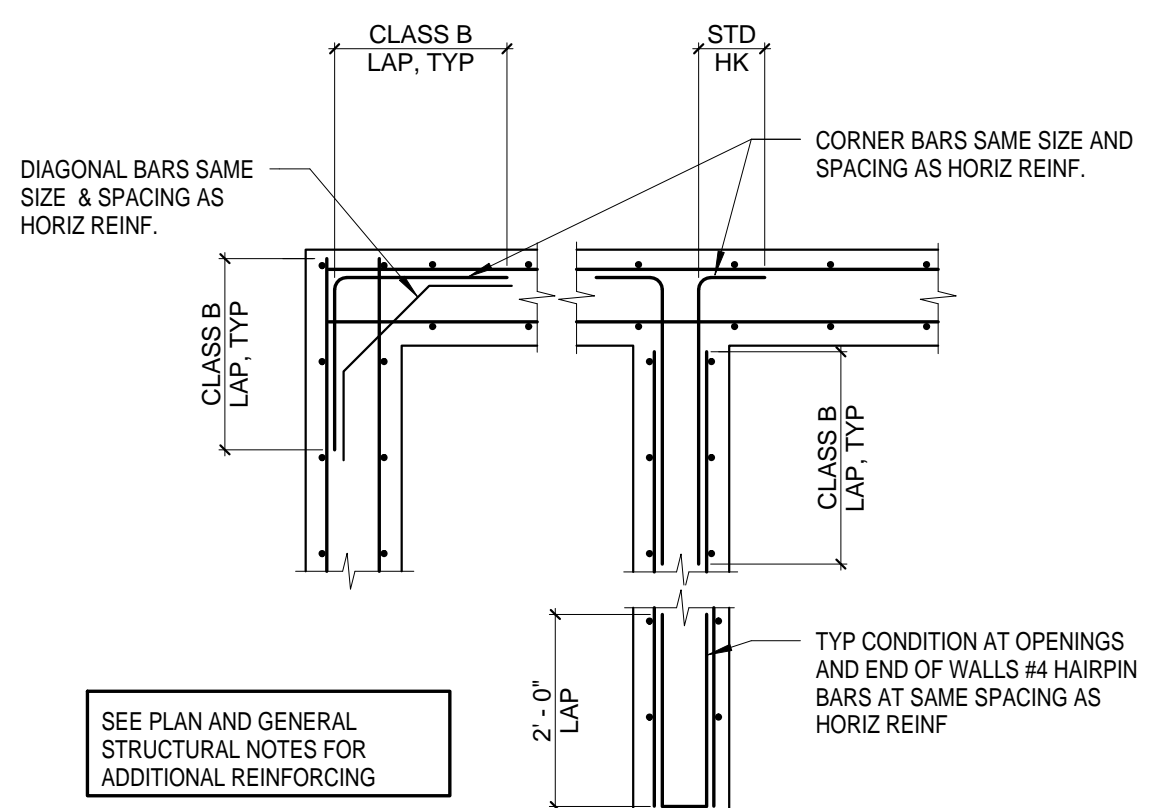
9 8' INTERIOR CMU BRG WALL
S6 1/2" = 1'-0"



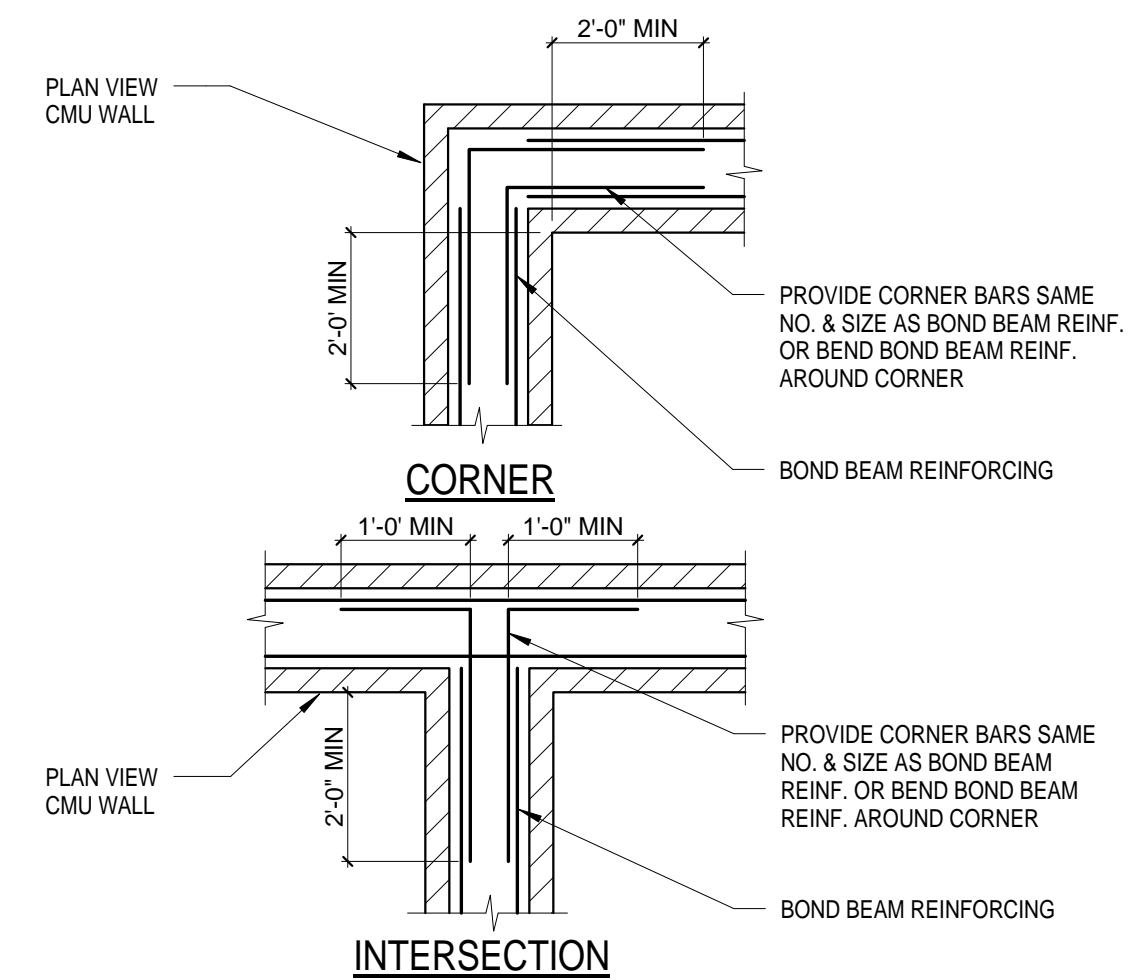
10 TYP P/C COLUMN
S6 1/2" = 1'-0"



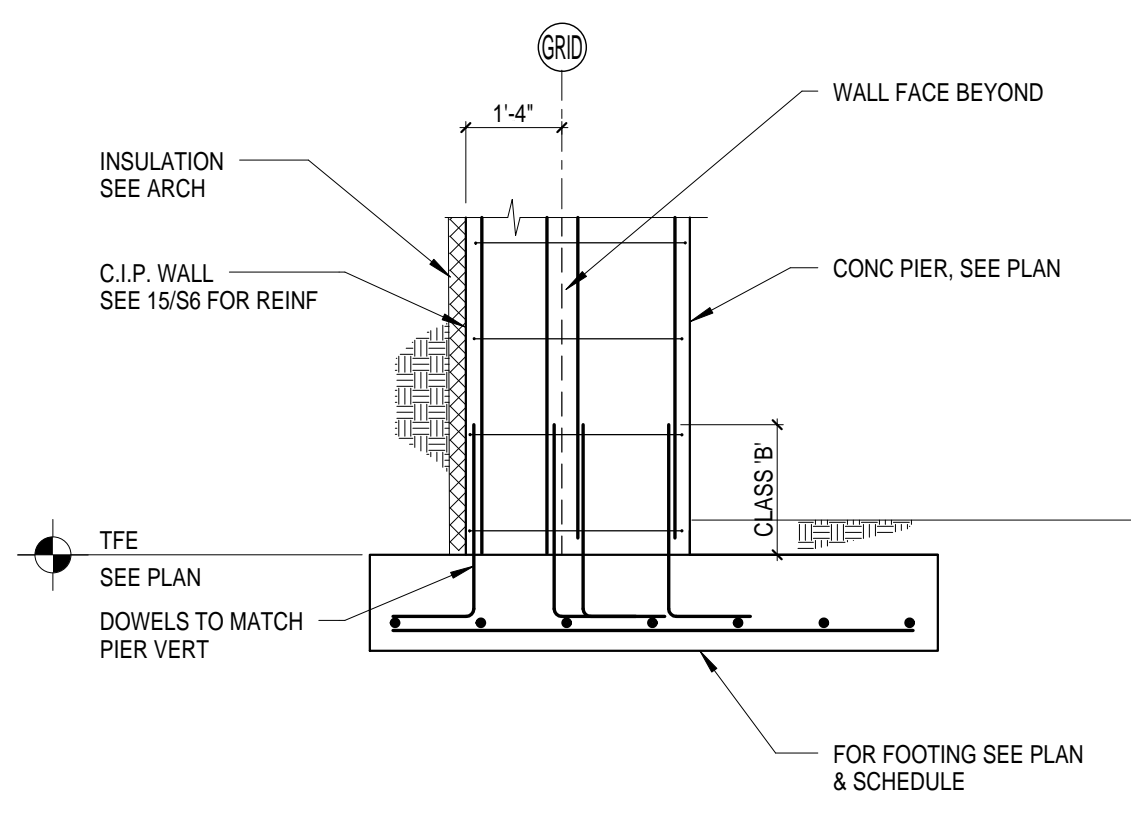
11 TYP CONC WALL REINF @ INTERSECTIONS
S6 1/2" = 1'-0"



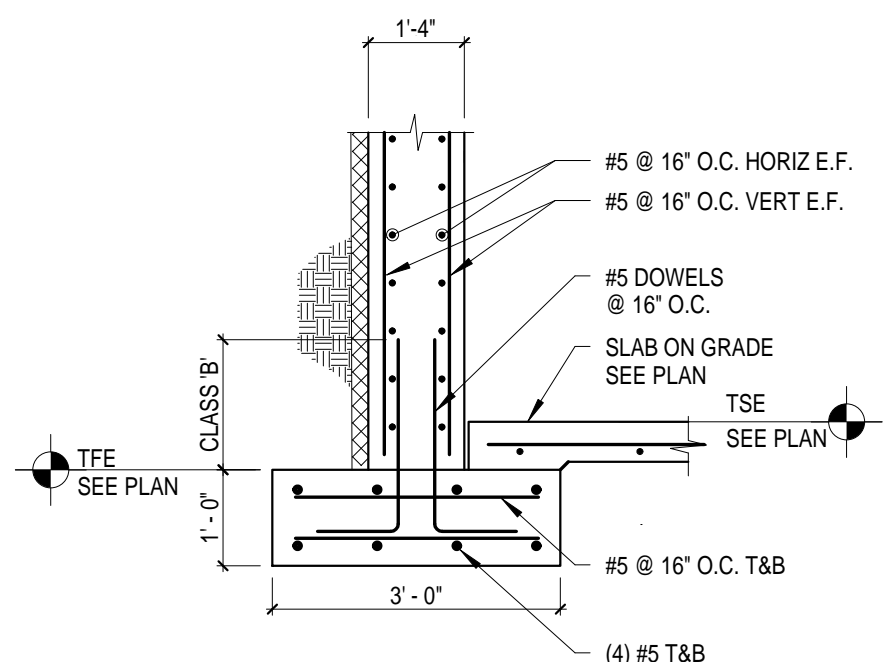
12 CONC WALL REINF @ INTERSECTION
S6 1/2" = 1'-0"



13 TYPICAL CORNER REINFORCING DETAIL
S6 3/4" = 1'-0"



14 TYP EXTERIOR FND WALL
S6 1/2" = 1'-0"



15 TYP EXTERIOR FND WALL
S6 1/2" = 1'-0"

| | | |
|----------------|----------|---------|
| ISSUED FOR BID | REVISION | 3/15/12 |
| No. | DATE | |



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Gary Traverski Associates
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Larksville, PA 19351-3298

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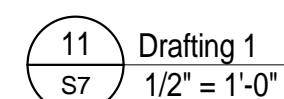
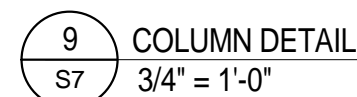
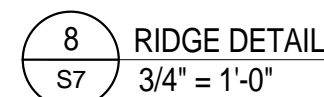
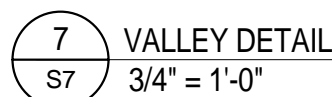
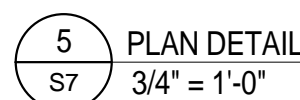
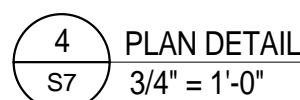
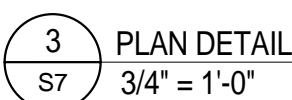
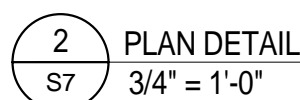
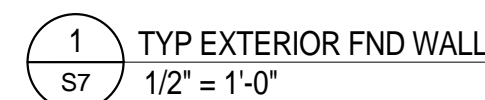
I hereby certify that this plan, specification or report was prepared by me or under my direct supervision and that I am a duly licensed Engineer under the laws of the State of Minnesota.
Keith Jacobson
Signature
Registration No. 19981
Date 03/15/12

| | | | |
|------------------------------------|------|-----------------------------------|------|
| APPROVED: SERVICE LINE DIRECTOR | DATE | APPROVED: INFECTION CONTROL NURSE | DATE |
| APPROVED: GENM COORDINATOR | DATE | APPROVED: PATIENT SAFETY | DATE |
| APPROVED: PROJECTS SECTION MANAGER | DATE | APPROVED: CHIEF OF POLICE | DATE |
| APPROVED: DIRECTOR FMS | DATE | APPROVED: SAFETY MANAGER | DATE |

| | |
|--|-----------------------------|
| DRAWING TITLE FOUNDATION DETAILS | DATE 03/15/2012 |
| PROJECT TITLE ST. CLOUD VA HEALTH CARE SYSTEM | PROJECT NO. 20302-001-00 |
| BUILDING NO. KWJ | CHECKED BY RPD |
| LOCATION 4801 VETERANS DRIVE, ST CLOUD MN | DRAWING NO. S6 |
| DATE 03/15/2012 | DATE 03/15/2012 |



SAINT CLOUD MN




| CONCRETE REINFORCING LAP REQUIREMENTS (UNCOATED BARS) | | | | | | | | | | | |
|---|---------|----------|------------|----------|------------|----------|------------|----------|------------|----------|------------|
| | | 3000PSI | | 3500PSI | | 4000PSI | | 4500PSI | | 5000PSI | |
| BAR SIZE | TYPE | TOP BARS | OTHER BARS | TOP BARS | OTHER BARS | TOP BARS | OTHER BARS | TOP BARS | OTHER BARS | TOP BARS | OTHER BARS |
| 3 | CLASS A | 22 | 17 | 20 | 16 | 19 | 15 | 18 | 14 | 17 | 13 |
| | CLASS B | 28 | 22 | 26 | 20 | 25 | 19 | 23 | 18 | 22 | 17 |
| 4 | CLASS A | 29 | 22 | 27 | 21 | 25 | 19 | 24 | 18 | 23 | 17 |
| | CLASS B | 37 | 29 | 35 | 27 | 33 | 25 | 31 | 24 | 29 | 23 |
| 5 | CLASS A | 36 | 28 | 33 | 26 | 31 | 24 | 30 | 23 | 28 | 22 |
| | CLASS B | 47 | 36 | 43 | 33 | 41 | 31 | 38 | 30 | 36 | 28 |
| 6 | CLASS A | 43 | 33 | 40 | 31 | 37 | 29 | 35 | 27 | 34 | 26 |
| | CLASS B | 56 | 43 | 52 | 40 | 49 | 37 | 46 | 35 | 44 | 34 |
| 7 | CLASS A | 63 | 48 | 58 | 45 | 54 | 42 | 51 | 40 | 49 | 38 |
| | CLASS B | 81 | 63 | 75 | 58 | 71 | 54 | 67 | 51 | 63 | 49 |
| 8 | CLASS A | 72 | 55 | 66 | 51 | 62 | 48 | 59 | 45 | 56 | 43 |
| | CLASS B | 93 | 72 | 86 | 66 | 81 | 62 | 76 | 59 | 72 | 56 |
| 9 | CLASS A | 81 | 62 | 75 | 58 | 70 | 54 | 66 | 51 | 63 | 48 |
| | CLASS B | 105 | 81 | 97 | 75 | 91 | 70 | 86 | 66 | 81 | 63 |

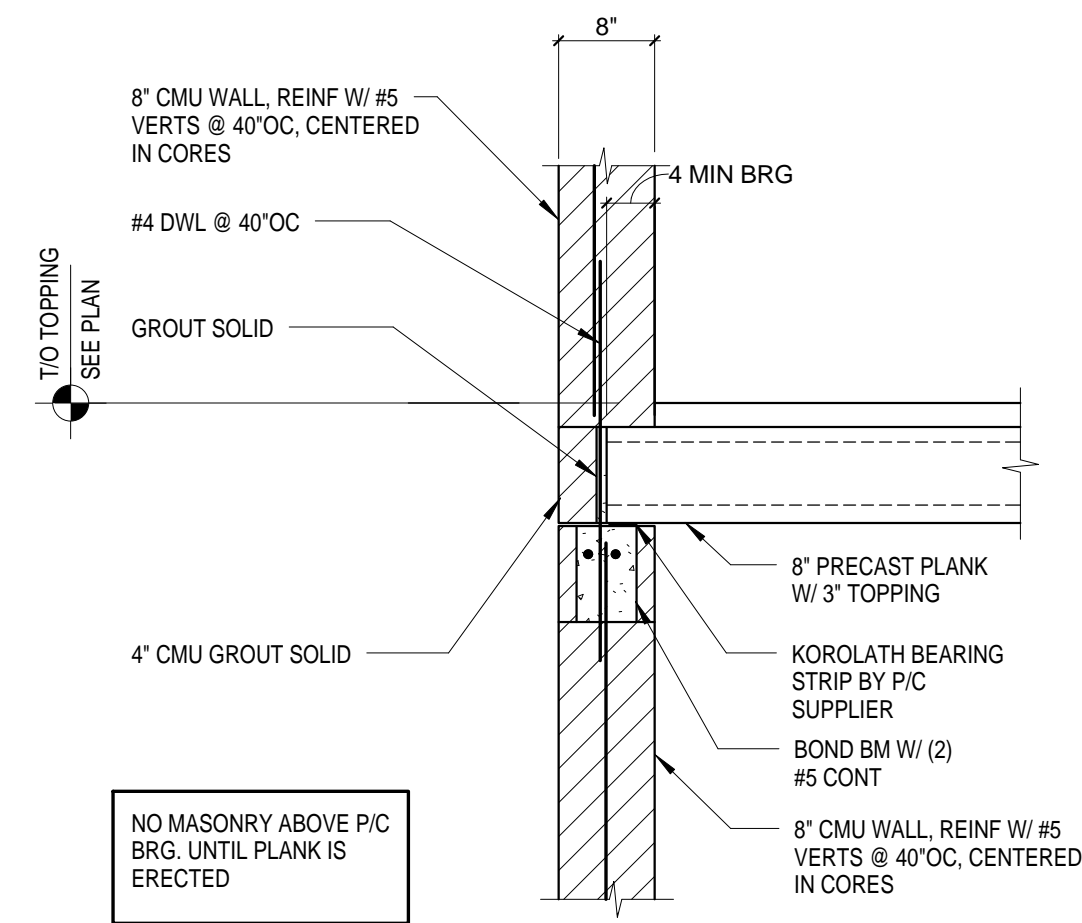
1. THESE TABLES ARE BASED ON THE FOLLOWING ASSUMPTIONS:
 - A. CLEAR COVER GREATER OR EQUAL TO DB.
 - B. CLEAR SPACING OF BARS GREATER OR EQUAL TO 2 DB.
2. TOP BARS ARE SUCH THAT 12" OR MORE OF FRESH CONCRETE IS CAST BELOW THE SPlice OR DEVELOPMENT LENGTH.
3. DB = BAR DIAMETER
4. $F_y = 60$ KSI
5. FOR HIGHER GRADE STEEL MULTIPLY LENGTHS SHOWN BY A RATIO OF HIGHER F_y (KSI) OVER 60(KSI). ALL OTHER FACTORS LISTED STILL APPLY.

| CONCRETE REINFORCING LAP REQUIREMENTS (EPOXY-COATED BARS) | | | | | | | | | | | |
|---|---------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| | | 3000PSI | | 3500PSI | | 4000PSI | | 4500PSI | | 5000PSI | |
| BAR SIZE | TYPE | OTHER BARS | OTHER BARS | OTHER BARS | OTHER BARS | OTHER BARS | OTHER BARS | OTHER BARS | OTHER BARS | OTHER BARS | OTHER BARS |
| 3 | CLASS A | 29 | 26 | 26 | 24 | 25 | 23 | 24 | 21 | 23 | 20 |
| | CLASS B | 37 | 33 | 34 | 30 | 33 | 29 | 30 | 27 | 29 | 26 |
| 4 | CLASS A | 38 | 33 | 36 | 32 | 33 | 29 | 32 | 27 | 30 | 26 |
| | CLASS B | 49 | 44 | 46 | 41 | 43 | 38 | 41 | 36 | 38 | 35 |
| 5 | CLASS A | 47 | 42 | 43 | 39 | 41 | 36 | 39 | 35 | 37 | 33 |
| | CLASS B | 62 | 54 | 56 | 50 | 54 | 47 | 50 | 45 | 47 | 42 |
| 6 | CLASS A | 56 | 50 | 52 | 47 | 49 | 44 | 46 | 41 | 45 | 39 |
| | CLASS B | 73 | 65 | 68 | 60 | 64 | 56 | 60 | 53 | 58 | 51 |
| 7 | CLASS A | 82 | 72 | 76 | 68 | 71 | 63 | 67 | 60 | 64 | 57 |
| | CLASS B | 106 | 95 | 98 | 87 | 93 | 81 | 88 | 77 | 82 | 74 |
| 8 | CLASS A | 94 | 83 | 86 | 77 | 81 | 72 | 77 | 68 | 73 | 65 |
| | CLASS B | 121 | 108 | 112 | 99 | 106 | 93 | 99 | 89 | 94 | 84 |
| 9 | CLASS A | 106 | 93 | 98 | 87 | 91 | 81 | 86 | 77 | 82 | 72 |
| | CLASS B | 137 | 122 | 127 | 113 | 119 | 105 | 112 | 99 | 106 | 95 |

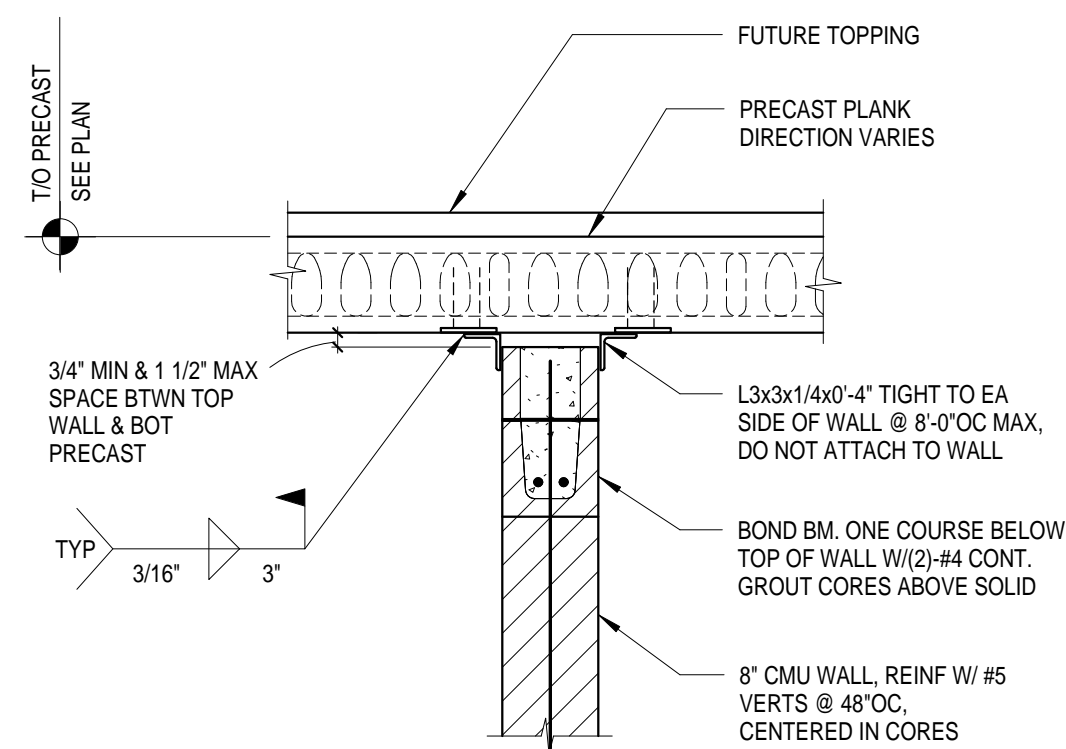
1. THESE TABLES ARE BASED ON THE FOLLOWING ASSUMPTIONS:
 - A. CLEAR COVER GREATER OR EQUAL TO DB.
 - B. CLEAR SPACING OF BARS GREATER OR EQUAL TO 2 DB.
2. TOP BARS ARE SUCH THAT 12" OR MORE OF FRESH CONCRETE IS CAST BELOW THE SPLICE OR DEVELOPMENT LENGTH.
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4. $F_y = 60$ KSI.
5. FOR HIGHER GRADE STEEL, MULTIPLY LENGTHS SHOWN BY A RATIO OF HIGHER F_y (KSI) OVER 60(KSI). ALL OTHER FACTORS LISTED STILL APPLY.



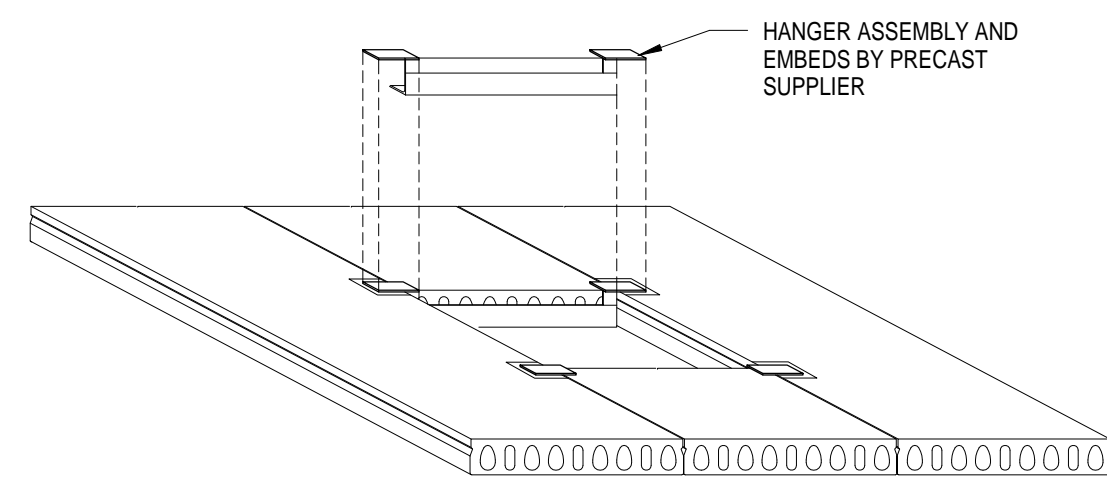
VAMC SAINT CLOUD



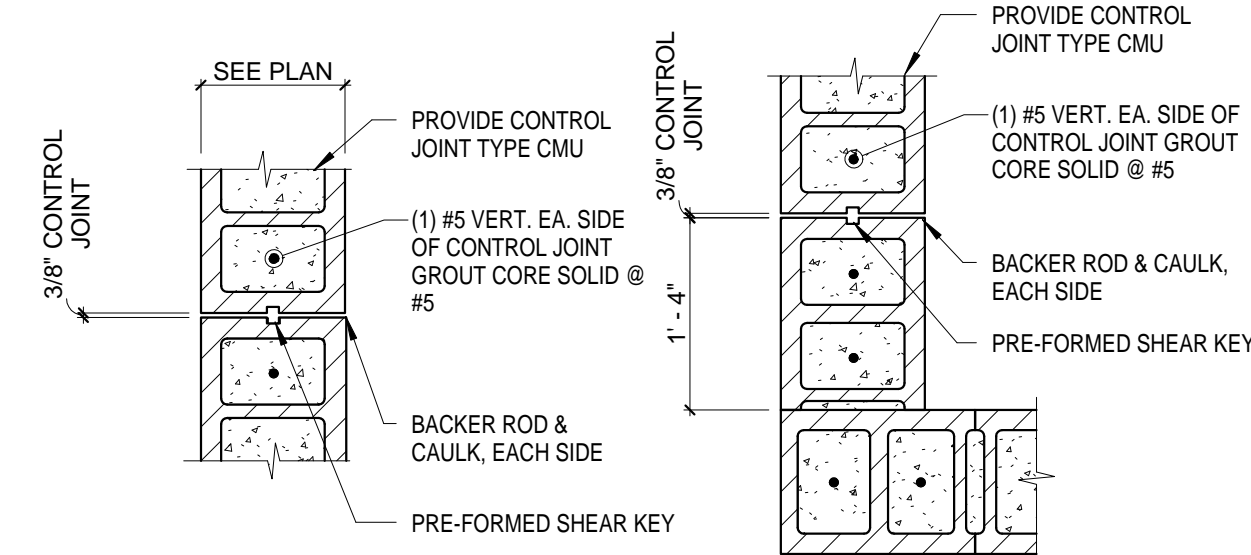
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S8
8" P/ PLANK BRG 8" CMU
3/4" = 1'-0"



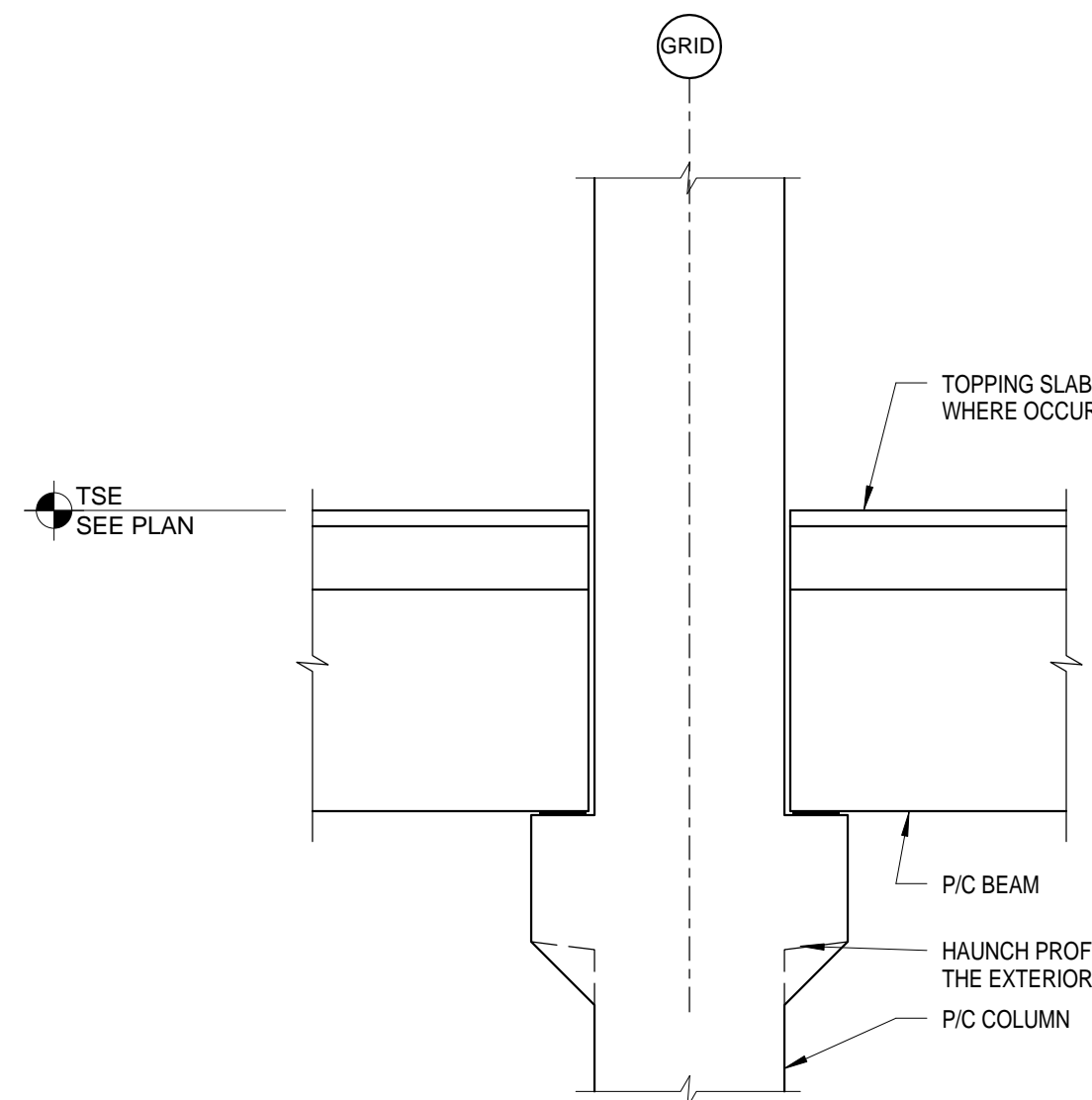
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S8
NON-BRG CMU LATERAL WALL SUPPORT BELOW PLANK TOPPED
3/4" = 1'-0"



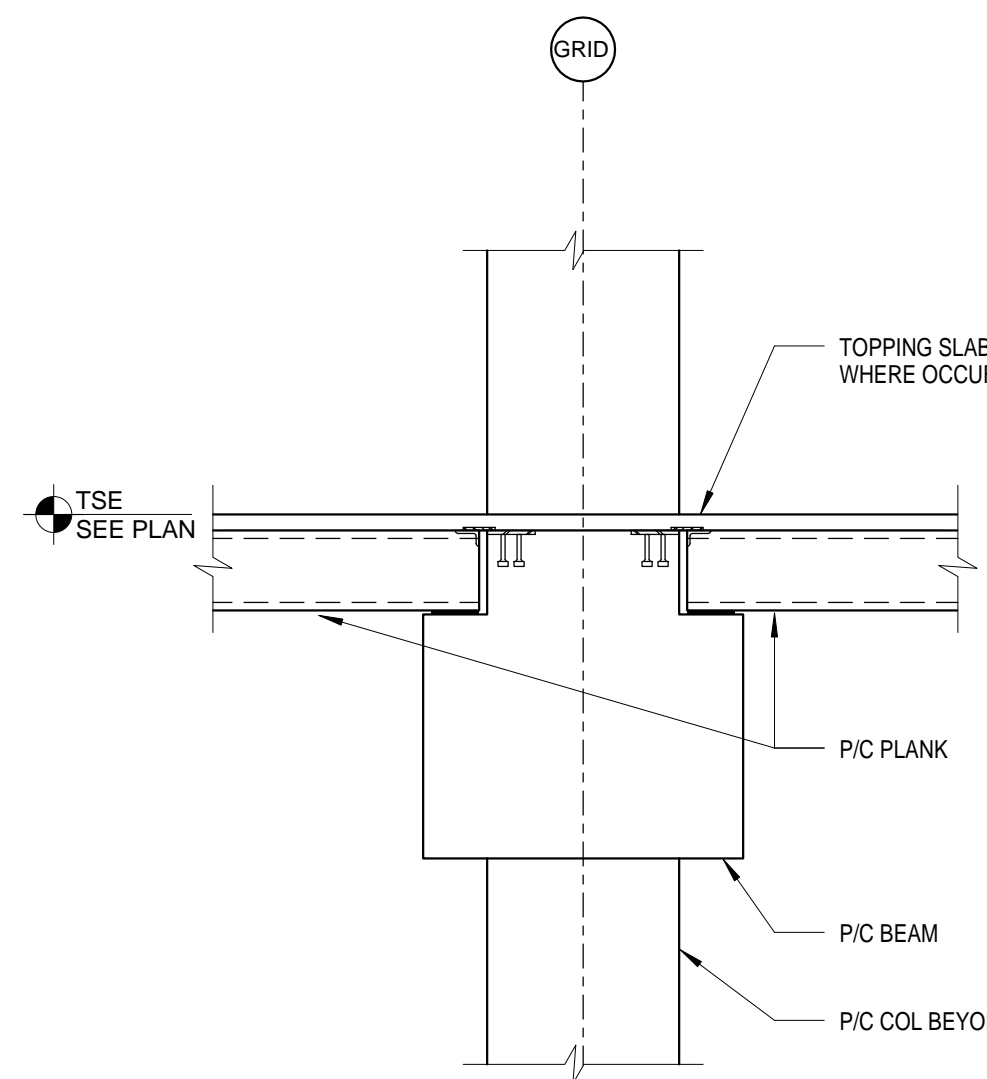
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S8
TYP PRECAST PLANK OPENING
3/4" = 1'-0"



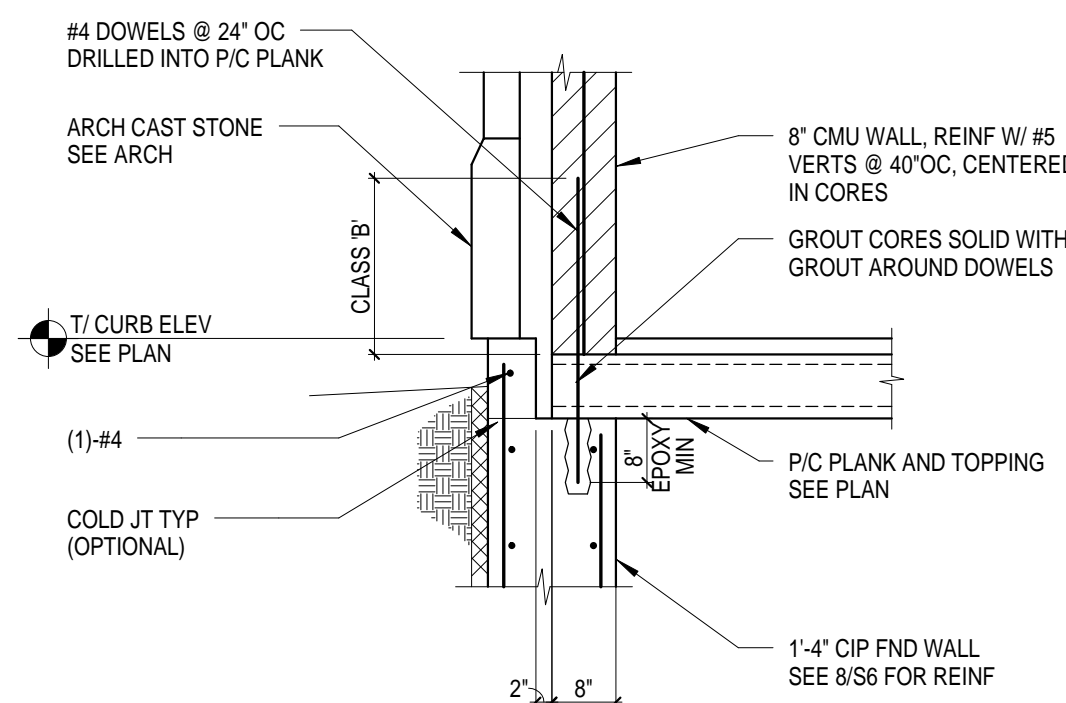
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S8
TYP CMU CONTROL JOINTS
3/4" = 1'-0"



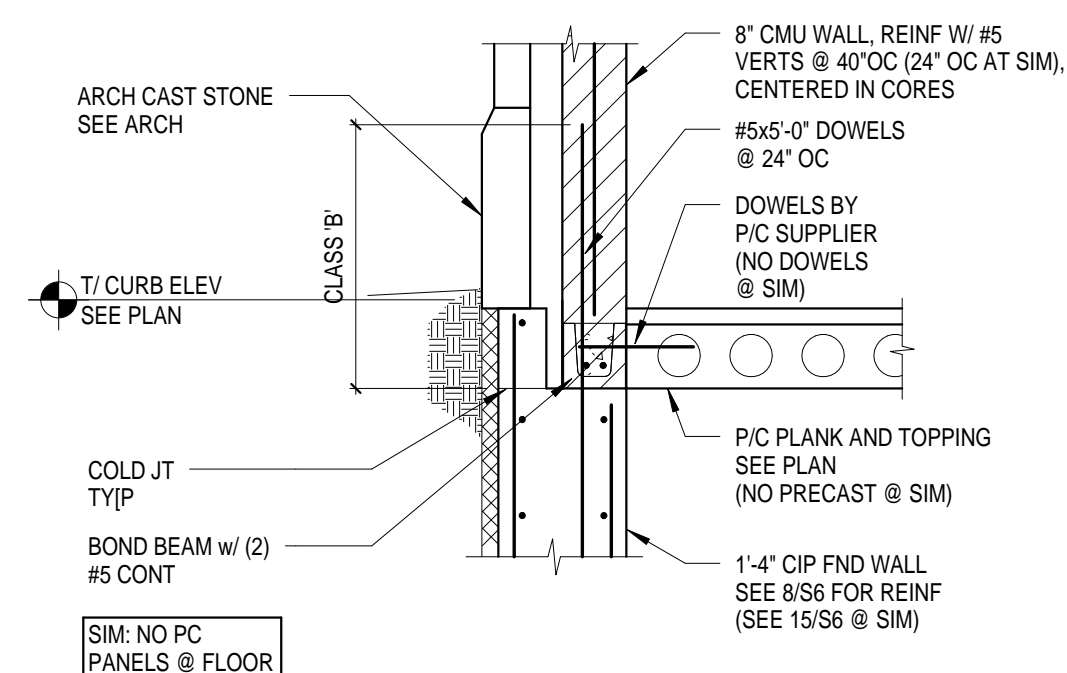
5
S8
TYP PRECAST COLUMN
1/2" = 1'-0"



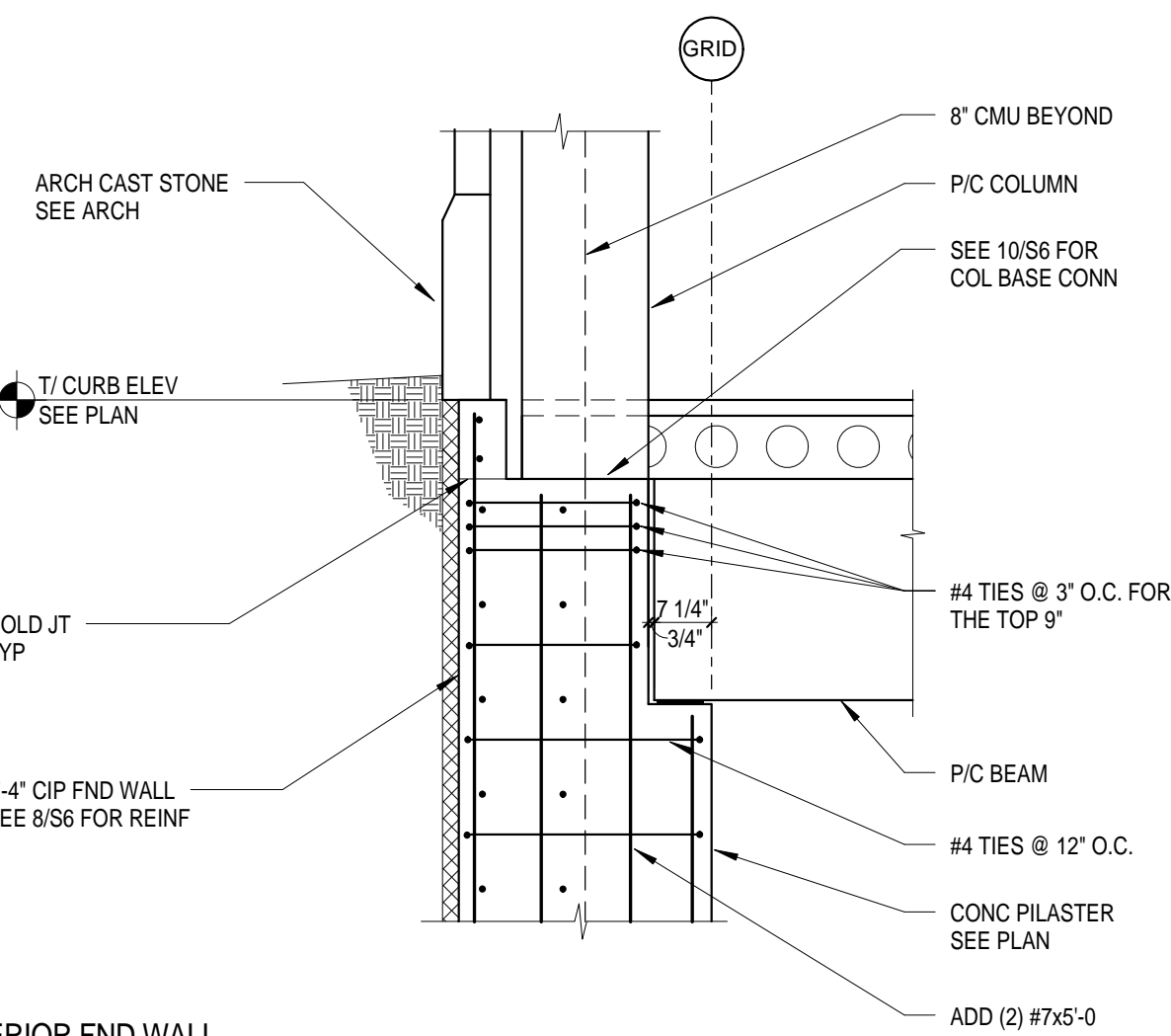
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S8
SOLID PRECAST SLAB BEARING
1/2" = 1'-0"



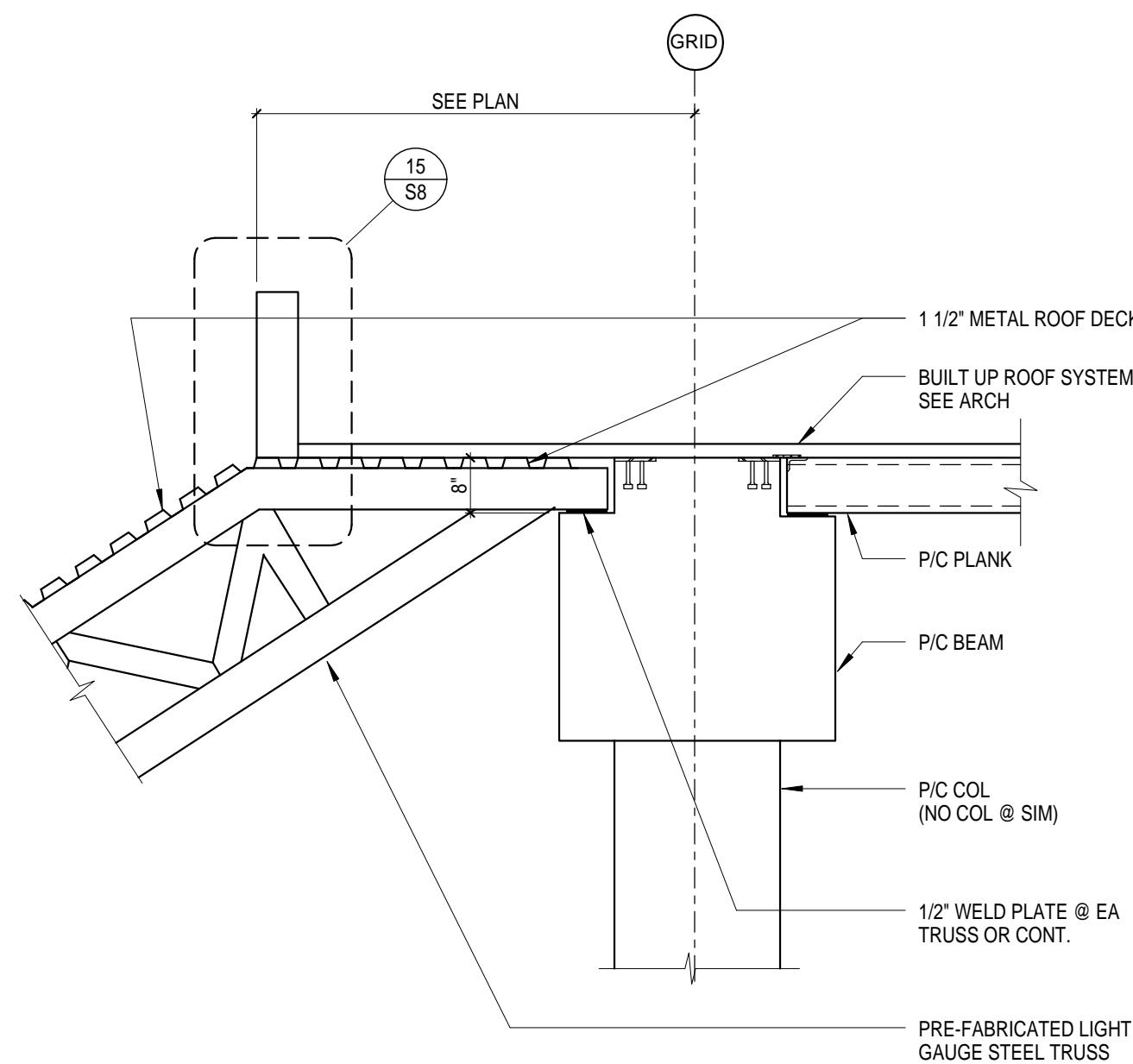
7
S8
TYP EXTERIOR FND WALL
1/2" = 1'-0"



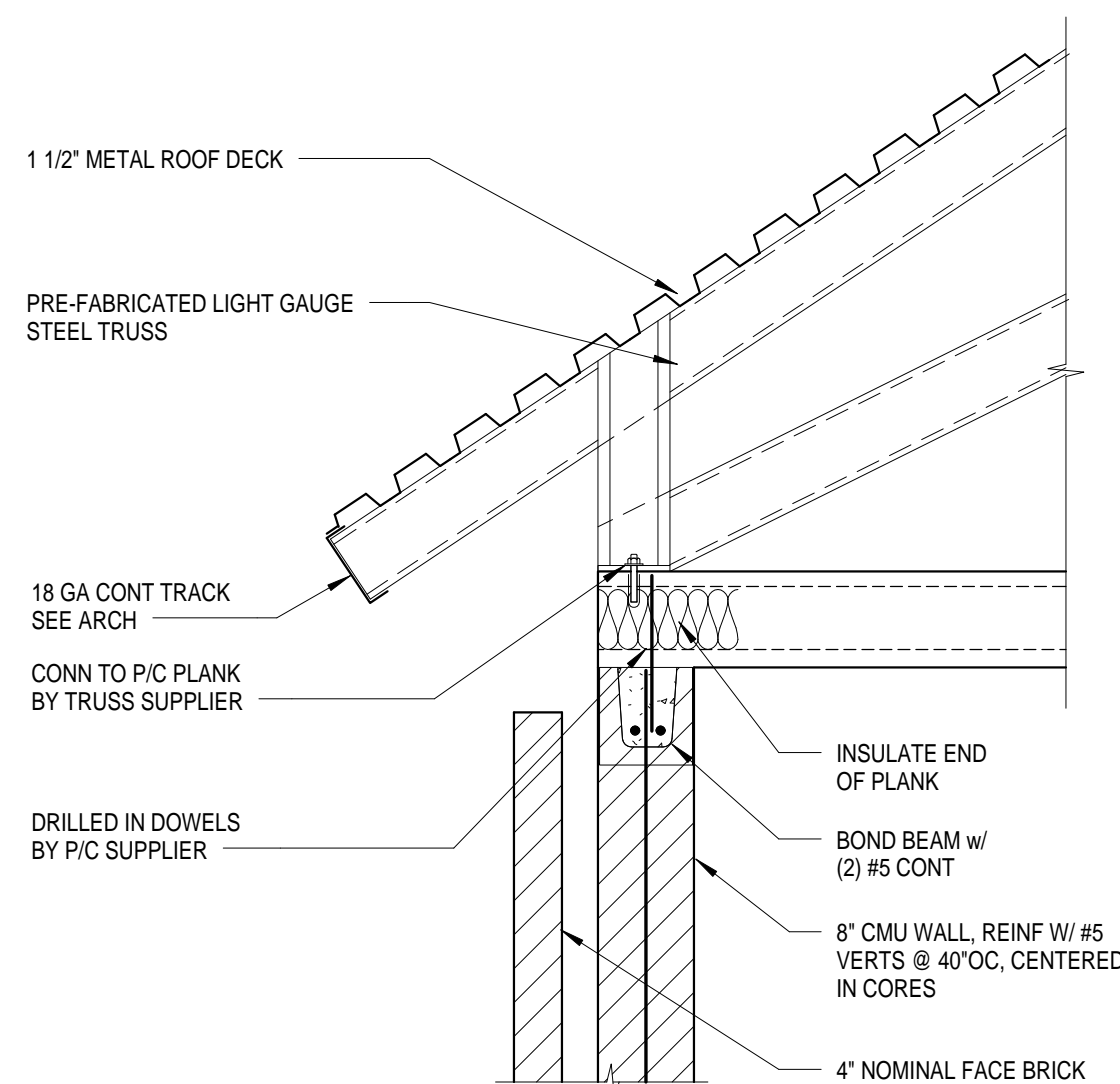
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S8
TYP EXTERIOR FND WALL
1/2" = 1'-0"



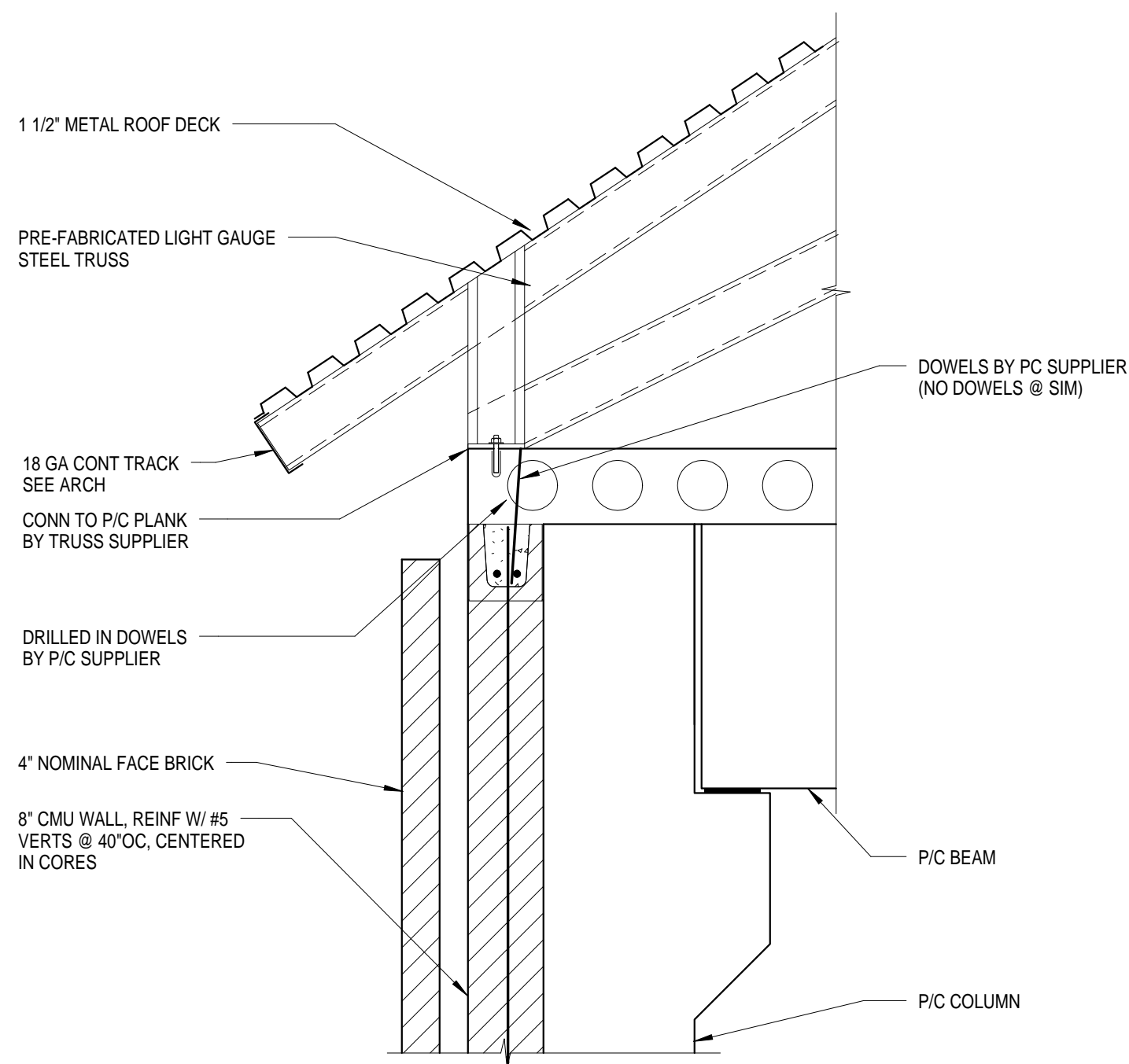
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S8
TYP EXTERIOR FND WALL
1/2" = 1'-0"



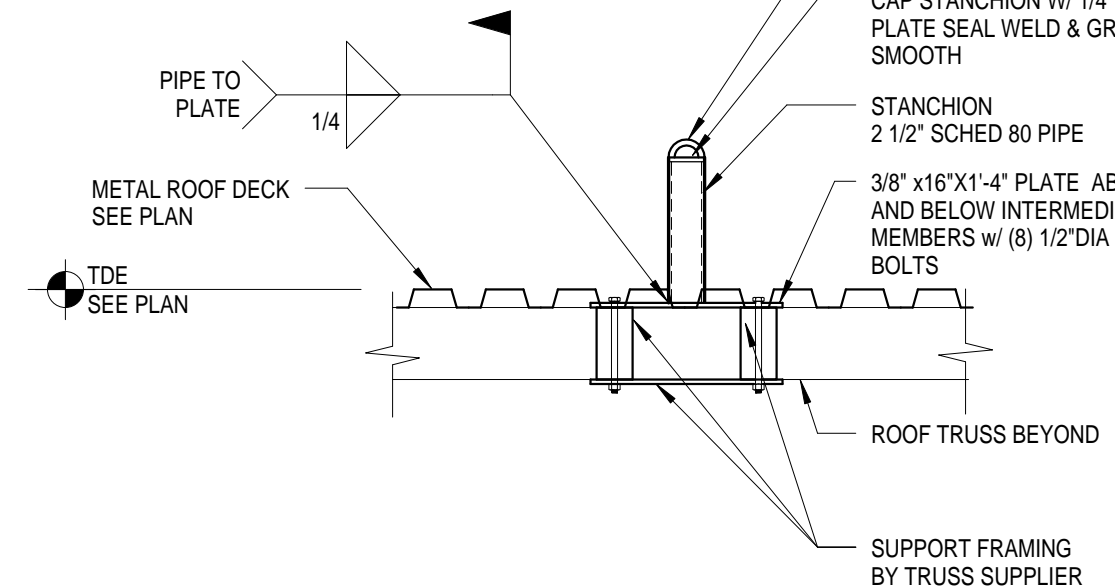
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S8
SOLID PRECAST SLAB BEARING
1/2" = 1'-0"



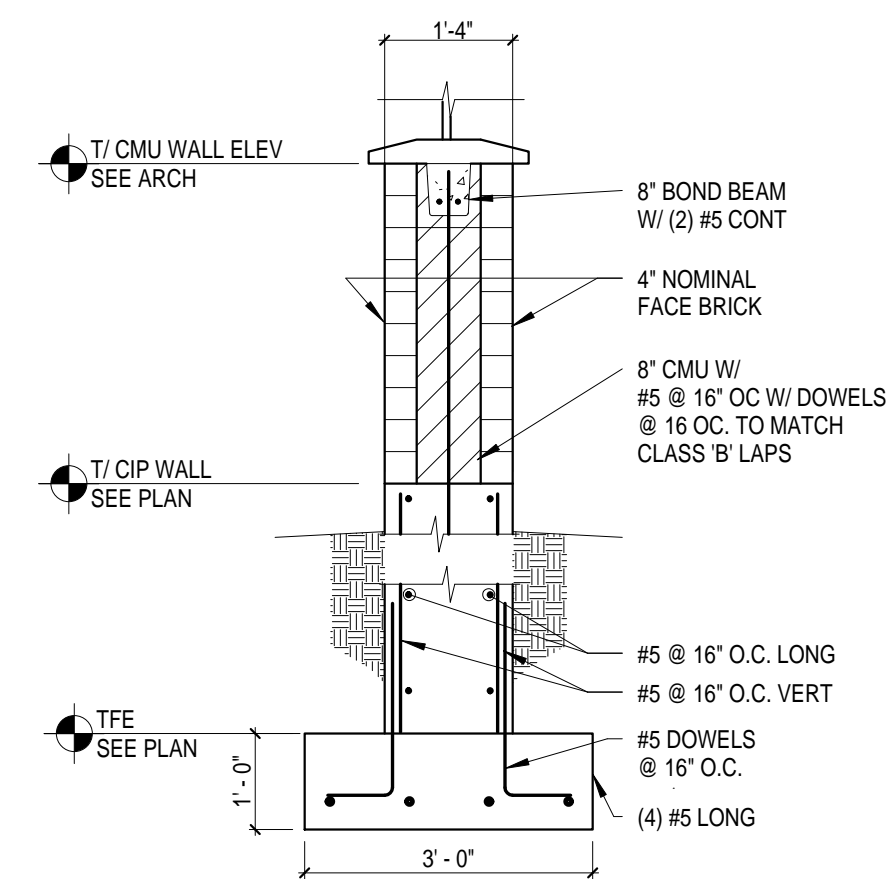
11
S8
8" PC PLAN BRG, 8" CMU WALL
3/4" = 1'-0"



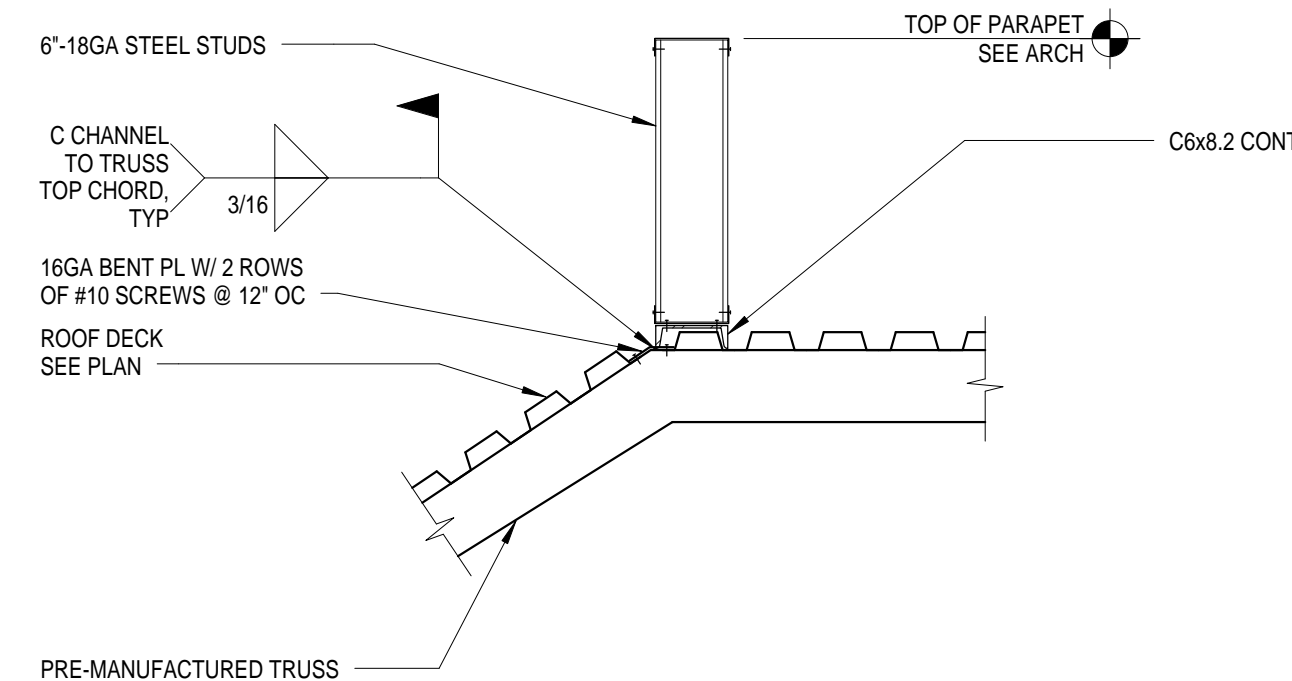
12
S8
8" PC PLAN BRG, 8" CMU WALL
3/4" = 1'-0"



13
S8
ROOF TIE OFF DETAIL
3/4" = 1'-0"



14
S8
EXTERIOR COURT YARD PIER FOUND
1/2" = 1'-0"



15
S8
TYPICAL PARAPET CONNECTION
3/4" = 1'-0"

| | | |
|----------------|----------|------|
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| No. | | |



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Engineering
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Larkville, PA 18951-3298

Landscape
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Minneapolis, MN 55402

I hereby certify that this plan, specification or report was prepared by me or under my direct supervision and that I am a duly licensed Engineer under the laws of the State of Minnesota.

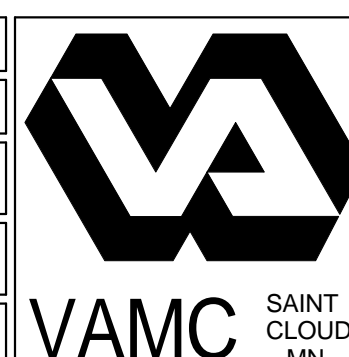
Signature *Keith Jacobson*
Registration No. **19981**
Date **03/15/12**

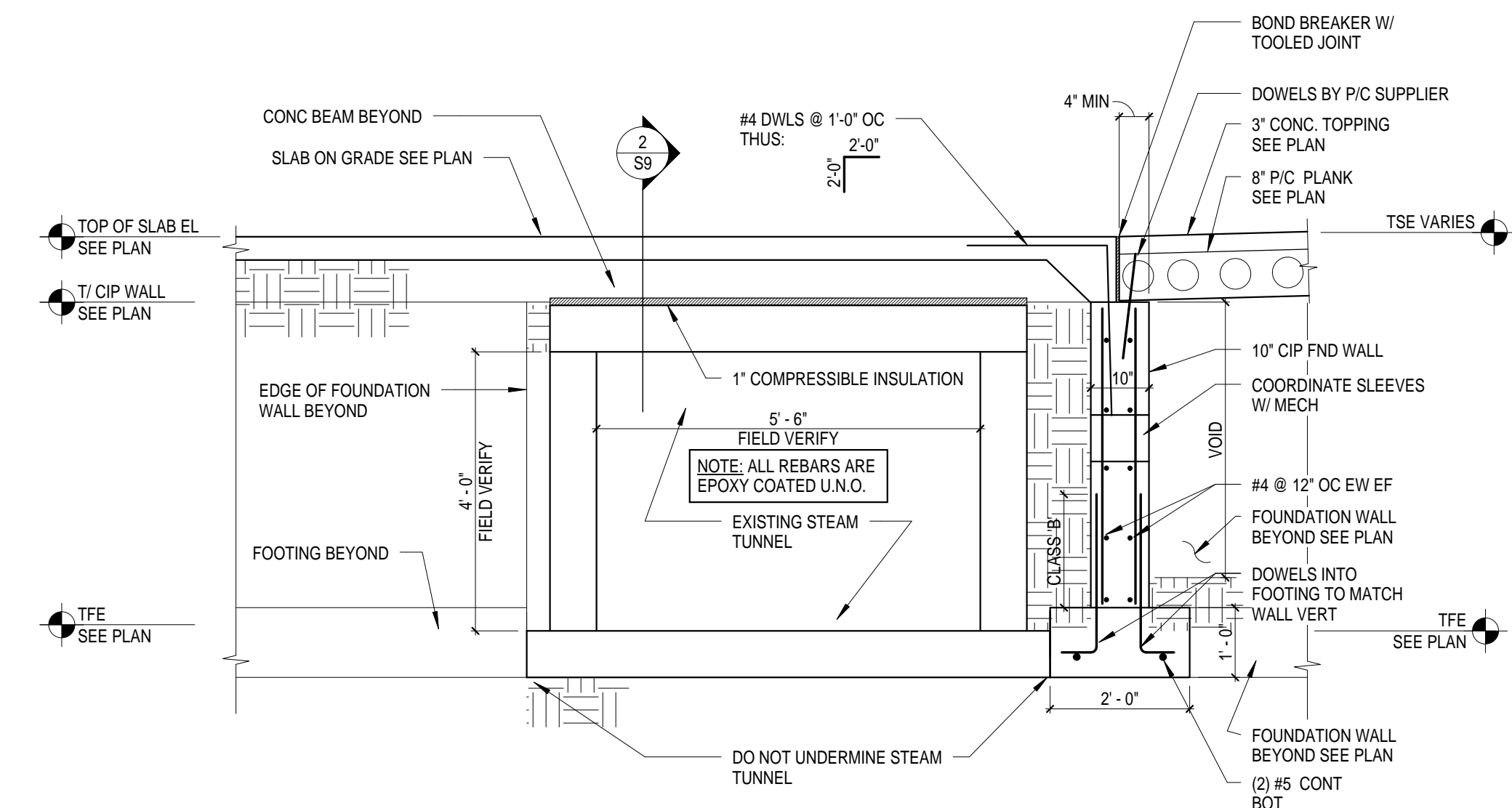
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| APPROVED: SERVICE LINE DIRECTOR | DATE | APPROVED: INFECTION CONTROL NURSE | DATE |
| APPROVED: GENM COORDINATOR | DATE | APPROVED: PATIENT SAFETY | DATE |
| APPROVED: PROJECTS SECTION MANAGER | DATE | APPROVED: CHIEF OF POLICE | DATE |
| APPROVED: DIRECTOR FMS | DATE | APPROVED: SAFETY MANAGER | DATE |

| | |
|---|--------------------------------------|
| DRAWING TITLE FRAMING DETAILS | DATE 03/15/2012 |
| PROJECT NO. 2032-001-00 | PROJECT SCALE As indicated |
| APPROVED: CHIEF OF STAFF | DATE |
| APPROVED: MEDICAL CENTER DIRECTOR | DATE |

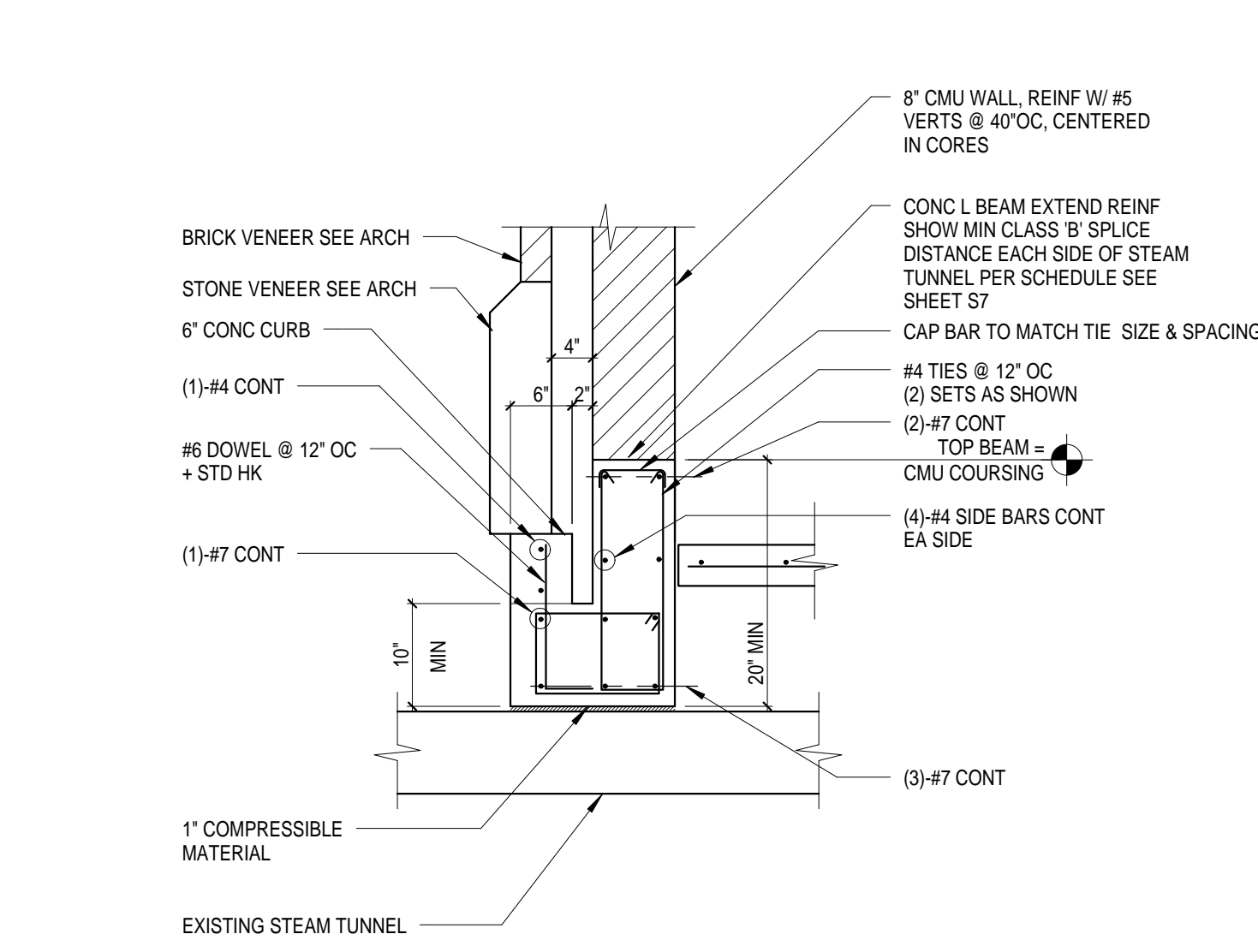
| | |
|---|--------------------------|
| PROJECT TITLE ST. CLOUD VA HEALTH CARE SYSTEM | BUILDING NO. |
| LOCATION 4801 VETERANS DRIVE, ST CLOUD MN | CHECKED BY KWJ |
| | DRAWN RPD |

| | |
|--------------------------------------|--------------------------|
| DATE 03/15/2012 | CAD FILE |
| PROJECT SCALE As indicated | DRAWING NO. S8 |
| | DWG. OF |

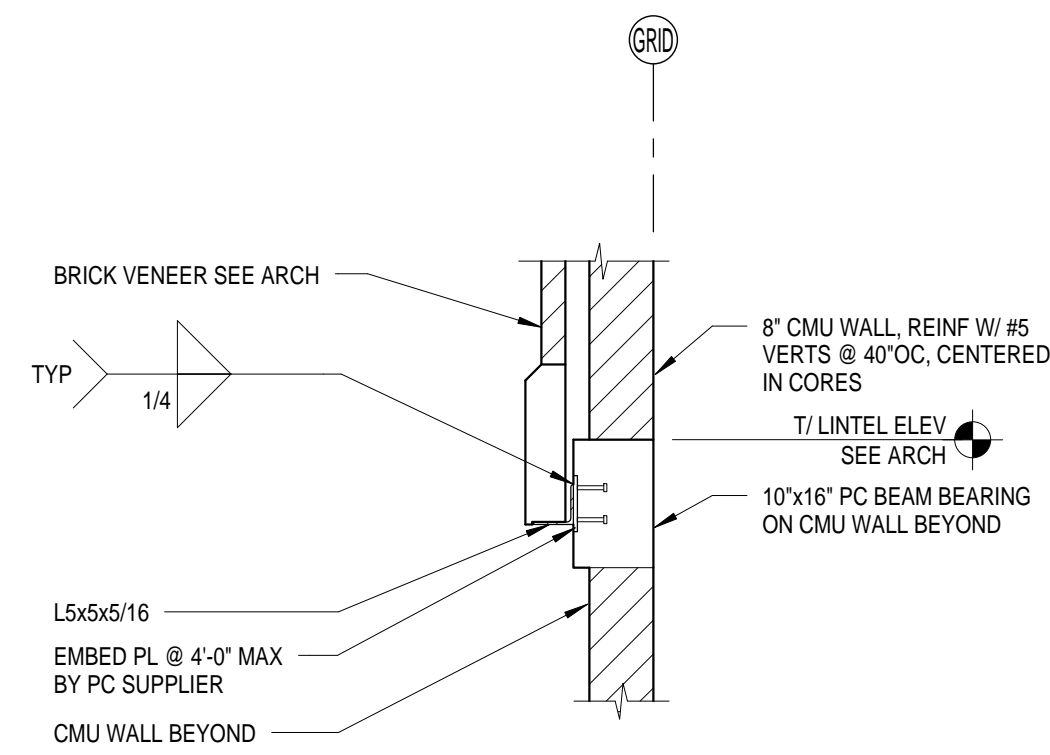




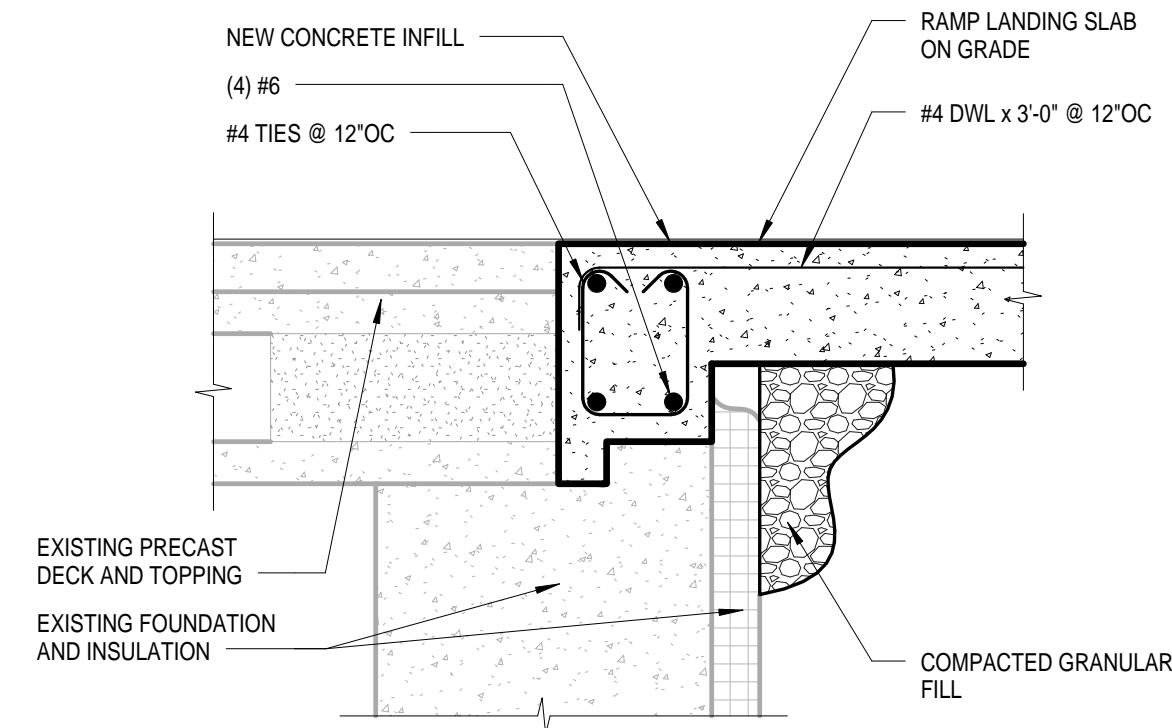
1 SECTION @ EXISTING STEAM TUNNEL
1/2" = 1'-0"



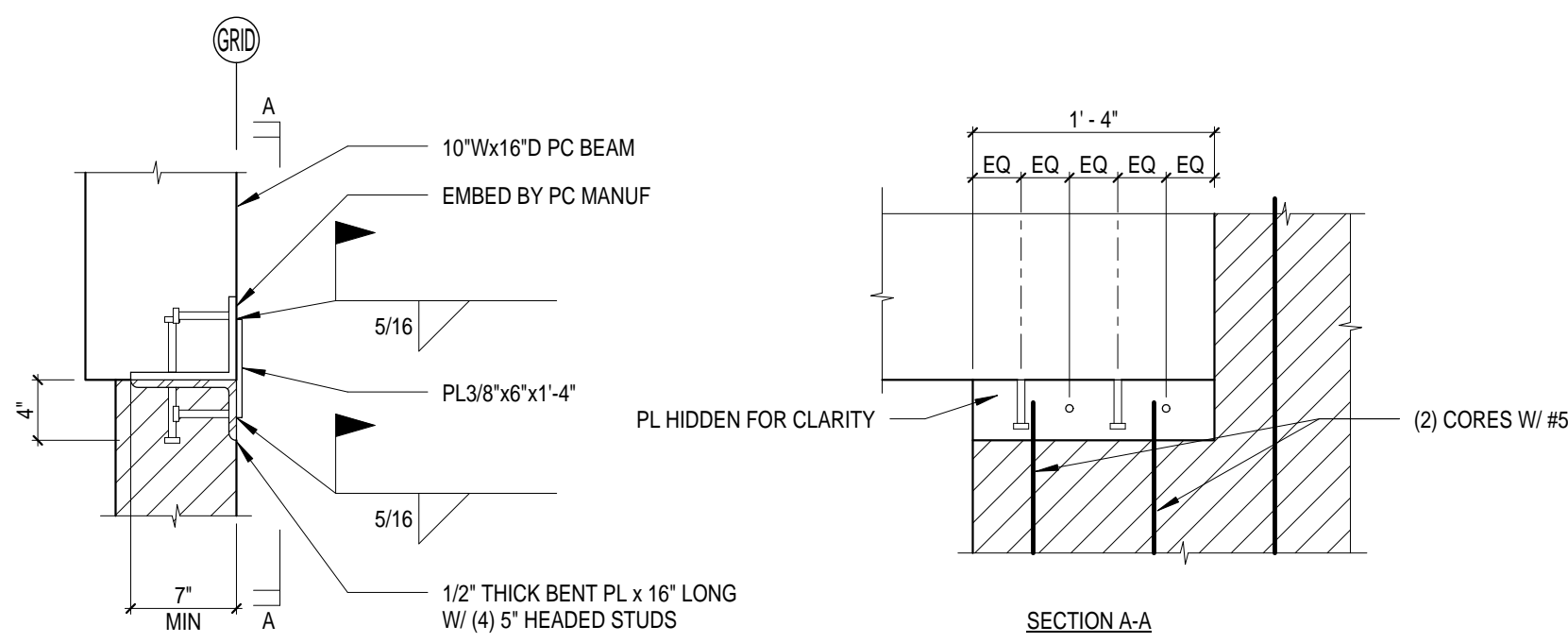
2 S9-2
3/4" = 1'-0"



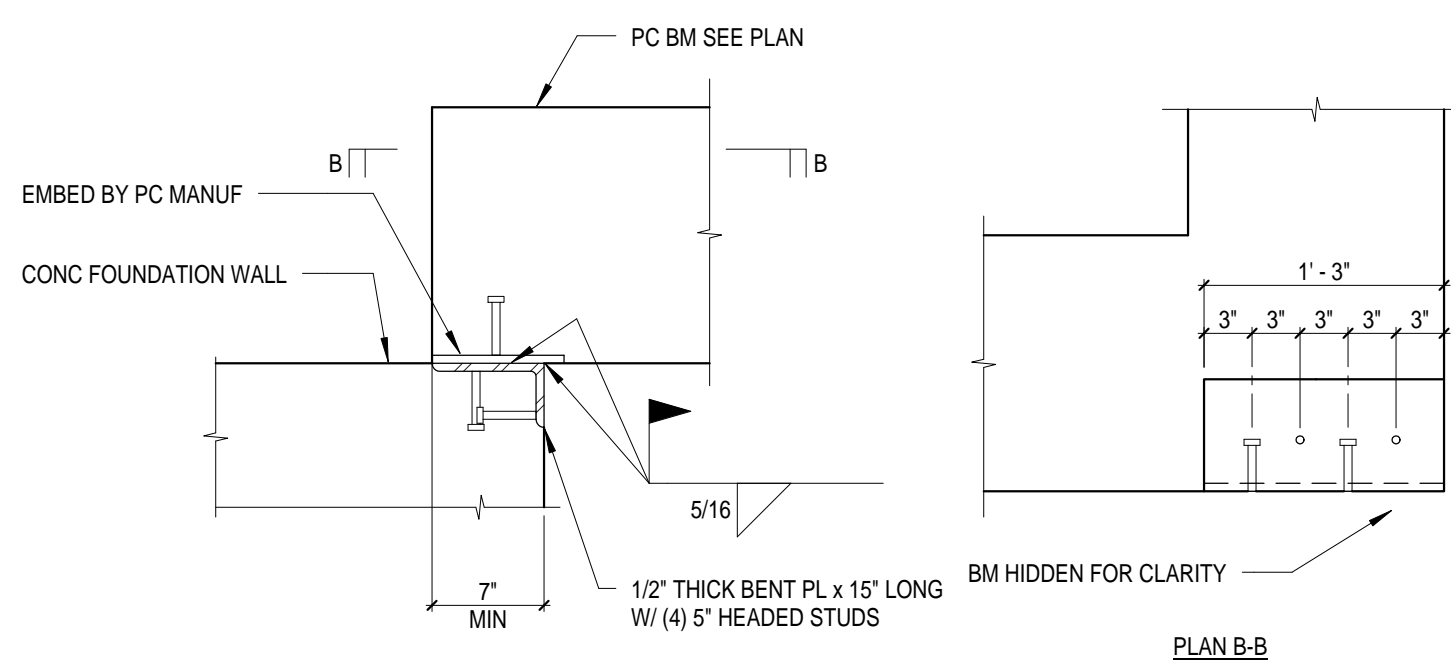
3 PRECAST BM OVER MECH LOUVERS
1/2" = 1'-0"



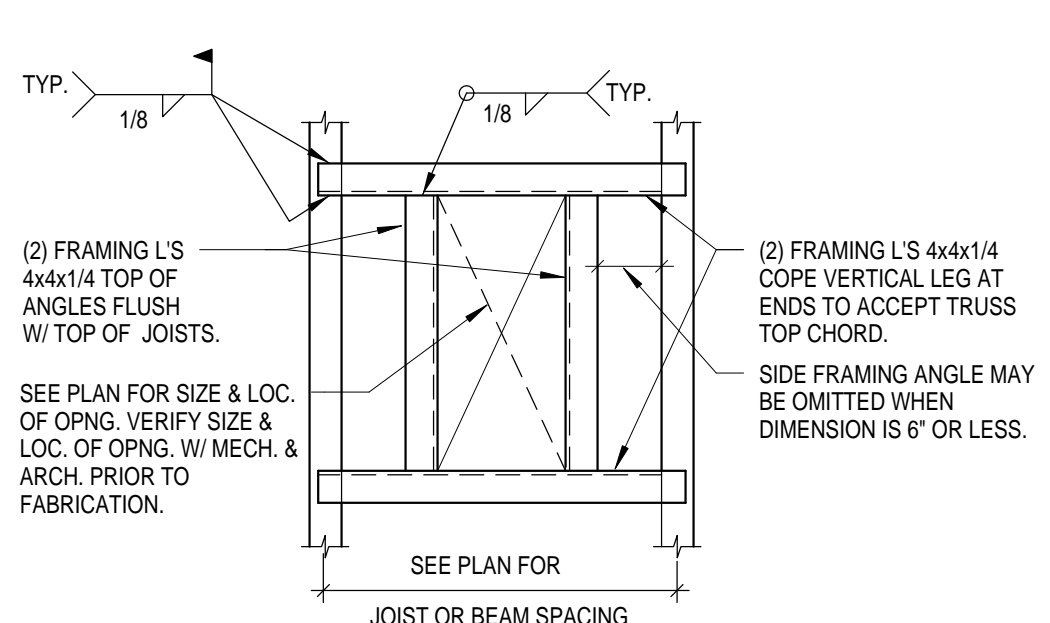
4 CONNECTION LINK FLOOR AT BUILDING #111
1 1/2" = 1'-0"



5 PRECAST BM OVER MECH LOUVERS
1" = 1'-0"



6 PRECAST BM OVER MECH LOUVERS
1" = 1'-0"



7 TYPICAL ROOF OPENING SUPPORT FRAME
3/4" = 1'-0"

| | |
|----------------|---------|
| ISSUED FOR BID | 3/15/12 |
| REVISION | DATE |
| No. | |



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Landscape
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I hereby certify that this plan, specification or report was prepared by me or under my direct supervision and that I am a duly licensed Engineer under the laws of the State of Minnesota.
Keith Jacobson
Signature
Registration No. **19981**
Date **03/15/12**

| | | | |
|------------------------------------|------|-----------------------------------|------|
| APPROVED: SERVICE LINE DIRECTOR | DATE | APPROVED: INFECTION CONTROL NURSE | DATE |
| APPROVED: GENM COORDINATOR | DATE | APPROVED: PATIENT SAFETY | DATE |
| APPROVED: PROJECTS SECTION MANAGER | DATE | APPROVED: CHIEF OF POLICE | DATE |
| APPROVED: DIRECTOR FMS | DATE | APPROVED: SAFETY MANAGER | DATE |

| | |
|-----------------------------------|-----------------|
| DRAWING TITLE | FRAMING DETAILS |
| APPROVED: CHIEF OF STAFF | DATE |
| APPROVED: MEDICAL CENTER DIRECTOR | DATE |

| | |
|---------------|----------------------------------|
| PROJECT TITLE | ST. CLOUD VA HEALTH CARE SYSTEM |
| BUILDING No. | CHECKED BY: KWJ |
| LOCATION | 4801 VETERANS DRIVE, ST CLOUD MN |

| | |
|-------------|-------------|
| DATE | 03/15/2012 |
| PROJECT NO. | 2032-001.00 |
| DRAWING NO. | S9 |

